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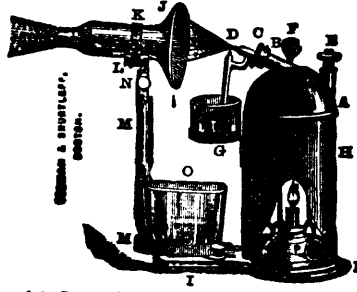
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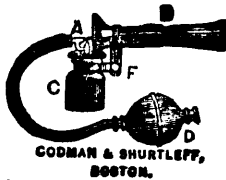
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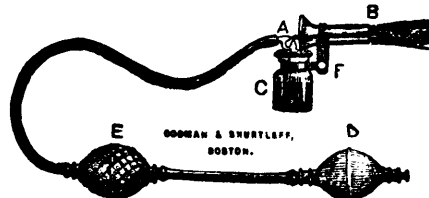


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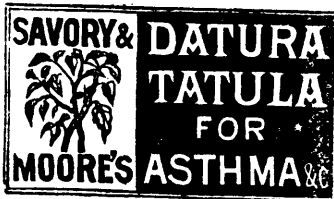


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FIG. 3.



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FIG. 8.



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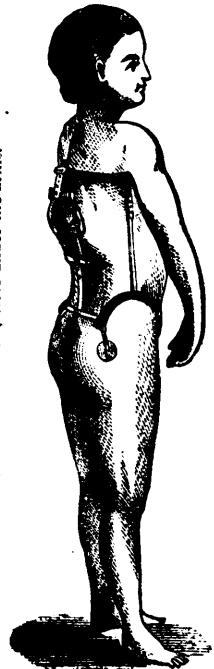
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FIG. 19.



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MEDICAL AND SURGICAL SCIENCE.

VOL. XIII. TORONTO, SEP. 1ST, 1880. No. 1.

Original Communications.

TRANSLATION FROM THE "PROGRES MEDICALE."

BY C. W. COVERNTON, M.D., M.R.C.S., E., TORONTO.

Cylindrical Epithelioma of Sigmoid flexure of Colon having produced symptoms of strangulation—Laparotomy—Study of differential diagnosis between cancer of intestine and volvulus—(Reported by M. M. E. Barié).

A patient named Louis St. Anen, a plumber, entered the Necker Hospital clinical ward of Professor Potain the 20th of November, 1879; he had never previous to present attack suffered from ailment; complains of obstinate constipation of twenty five days duration; complete absence of stools, no flatus from anus. Some days previously to the occurrence of this constipation, the patient suffered slightly from colicky pains, the sensation of intestinal movement, and experienced some difficulty in defecating; in these efforts he passed a certain quantity of black blood from anus, but this had happened often to him, as for ten years he had painful but small-sized hemorrhoids. For the first eight days following the absolute cessation of stools the patient was enabled to work, but the abdominal pains, the increasing swelling of the abdomen, quickly forced him to abandon all work. It was then he had recourse to different remedies advised by his medical attendant; repeated purgatives, drastics, croton oil, large injections, &c., &c., all without result; since the last two days the patient experienced nausea, occasionally vomiting, but seldom, and trifling in quantity. The vomited matters have a faecal odour. At his entrance into the clinical ward we found the patient in the following condition:—General condition excellent, not the least cachectic or even suffering appearance, the abdomen nevertheless is much swollen, and gives to percussion a general tympanitic sound; on observing it more attentively we can recognize that the abdomen is slightly flattened in the right

flank, whilst the left side, median region supra and sub-umbilical presents a notable projection. Palpation is negative. The patient complains of frequent colics, the direction of which he describes exactly; they have their point of departure in the left iliac fossa, extend over the whole abdomen to a level with the epigastrium, the intestinal folds are not traceable in abdominal wall, but it is easy to hear frequent sonorous borborygmi. The urinary functions are accomplished without difficulty, the urine is clear and contains neither sugar nor albumen. Other than the intestinal symptoms, there are no pathological phenomena to be observed in the patient save a little emphysema and a certain degree of arterial atheroma consequent on age; axillary temperature 37.2 cent.; pulse 72. It was easy from this grouping of symptoms to arrive at a diagnosis. Intestinal obstruction, but remaining to discover the nature and seat of the obstacle which interfered with the free course of contents of intestines.

(a) Relatively to the nature of the obstacle, it was easy to eliminate hernial strangulation, the same with stercoraceous obstruction, the repeated administration of purgatives having produced no remission of symptoms, relying on the fact that the phenomena of strangulation had slowly supervened and in a progressive manner, it was possible to suppose that the obstacle was formed by some intestinal compression caused by a tumor in the abdomen, but the most minute exploration gave only negative information, and besides the complete absence of all pathological antecedent authorized a rejection of this hypothesis; in a like way obstruction by invagination was not admissible from the absence of the tumor named knot (boudin) of invagination, and on the other hand there were not found in this patient constituent parts of sero-purulent or hemorrhagic fluid, containing occasionally in suspension the debris of sphacelated intestine, and which are the characteristics of invaginated intestines when it has existed a certain time. There remained then the hypothesis of abdominal cancer which might occasion in time the symptoms of internal strangulation. But if our patient was by his age in the conditions suitable for the development of cancerous diathesis, his general flourishing condition appeared to contradict the possibility of the existence of cancer, or at least to admit it only with the most extreme reserve. But still another

affection might explain the symptoms presented by our patient. I mean volvulus or strangulation by torsion. Without doubt it is usually quickly and rapidly that volvulus is formed, for example after a copious repast or under the influence of violent movements during the process of digestion; but it is not always so, and in the same way as cancer of the intestines, volvulus may under certain circumstances, present a very slow evolution and accomplish strangulation only at the end of several months. Thus after the most careful examination, after having, so to speak, weighed each hypothesis that could be entertained in a similar case, the diagnosis remained doubtful between cancer of the intestines or volvulus.

(b) The difficulty was not less to discover the seat whether of cancer or volvulus. The very slight difficulty in urinating and the infrequent and scanty vomiting, but unmistakably fæcaloid, permitted the supposition that the obstacle occupied a point sufficiently low down in the intestinal tube, hypothesis made stronger by the distant commencement and slow march of the symptoms. If a volvulus existed, we know that this affection usually is to be found in the large intestine and particularly at the sigmoid flexure: every thing then appears to demonstrate that the arrest is situated in the last portions of the intestine, nevertheless higher than the rectum since digital touch shows the perfect integrity of the walls and of the calibre of this intestine. Wherever it existed, it was necessary to attempt rapidly to overcome the obstacle by treatment usually employed in similar cases, futile it is true for saving the patient if it is cancer we have to deal with, but which may in certain cases succeed in the unfolding of the intestine if the case is one of volvulus. Large injections of simple water, then of gaseous water, were administered to the patient, using an ordinary syringe, the nozzle of which was solidly fixed to a large india-rubber tube passed up the rectum as high as possible. The quantity of liquids thus introduced were the following, 21st November, morning 2,400 grammes, evening 2,200; 22nd November, morning and evening (each) 2,000 grammes. To this treatment the employment of drastics was joined, then of infusion of coffee, finally electric current, one pole applied to the rectum and the other to the abdominal wall. This procedure resulted in active contraction of the intestines, accompanied

with painful colic. The result was nil, the patient passing neither wind nor fæcal matter from anus. 22nd of November, condition of patient being aggravated, slight vomiting, pulse small, slight cyanosis of extremities and face which was pinched, voice weak, eyes sunken, and bordered with a dark circle, intelligence intact. In view of the want of success of medical treatment, a surgical operation was judged necessary, and Professor Guyon, who examined the patient, with Professor Potain, performed laparotomy on the 23rd of November; at that time twenty-eight days had elapsed since the patient had passed anything by rectum. After emptying the bladder an incision was made in the anterior abdominal wall on a level with the linea alba. The abdomen opened, M. Guyon explored alternately the iliac fossa and the periumbilical region; in the left iliac fossa, after having introduced a bougie into the rectum, he discovered the presence of an induration surrounding a portion of the intestine which was recognized after being drawn out as being the union of the sigmoid flexure with the rectum. The intestine thus drawn out of the abdomen appeared strangled externally by a little circular bridle of about 0,003 thickness, very adherent to the serous covering which it surrounded completely, in the form of a collar; after this circular bridle had been cut by a bistoury it was apparent that the intestine remained sunken, and palpation between two fingers denoted the existence of an indurated layer occupying the wall of the intestine, and making a projection into the mucous membrane as ulterior examination demonstrated. M. Guyon adopted the course of removing the portion of intestine thus altered, and of uniting the two ends by points of suture. The portion of the sigmoid thus removed between the two ligatures was 0,06 centimetres in length. The thickness of the wall 0,003 millimetres. The mucous membrane is reddish, congested without ulceration or ecchymotic deposits: it presents towards the middle of the removed part a notable thickness, formed by a reddish mass, a little soft and granular, which diminishes the calibre of the intestine to the extent of only allowing the introduction of the point of the index finger. This mass, as microscopic examination has demonstrated, presents the changes of cylindrical epithelioma. The two ends of the intestine were brought together by fifteen points of suture, and the course of pas-

sages through the bowels was thus re-established, as the patient immediately filled nearly two chambers with soft and liquid motion. The dressings were according to the method of Lister. The patient died at a quarter past 3.

Autopsy.—The different viscera were normal. The only observable lesions had their seat in the abdominal cavity. The small intestine very distended, congested, its surface roughened and slightly granular. The colon presented no notable dilatation, the transverse colon in its normal position, the ascending colon in contact with the abdominal wall; the descending colon on the contrary is separated from it by folds of the small intestine. In the pelvis a little sero-sanguinolent fluid mixed with a small quantity of faecal matter. The suture of the intestine has been made on a level with the union of sigmoid and rectum.

Microscopic examination of part removed displays cylindrical epithelioma. The glands healthy.

Abridged report of discussion of this case at the Anatomical Society. President M. Charcot.

M. Després—The study of these cases of internal strangulation, from cancerous lesions of the intestine is very instructive. They show us that up to the last day the diagnosis is uncertain, hence the extreme embarrassment of surgeons when physicians having exhausted ordinary therapeutic treatment, make an appeal for their aid. There is occasion to revise entirely the symptomatology of internal strangulation following the causes that have produced them. For my part I am convinced that the absence of faecal vomiting or non-faecaloid character of them has a great semeiological value, their absence being in favour of cancer; when the strangulation is caused by peritoneal bridges the vomitings are faecaloid.

M. Du Castel—M. Després thinks that early occurrence of faecal vomiting may in a case of intestinal obstruction, allow the establishing in a modified way of diagnosis between true strangulation and other different kinds of obstruction. It is possible that a rapid occurrence of vomiting may serve for a differential diagnosis of acute strangulations; but I think it is impossible to rely on this symptom for the diagnosing of strangulations of slow evolution, such as cancer and volvulus. Volvulus, like cancer, more perhaps than it, is an affection of long evolution, it takes months, years to arrive at stran-

gulation, often in one as in the other it is preceded by crises of constipation, followed by down-breakings: for all these reasons all these affections are frequently confounded. When volvulus has occurred the portion of intestine comprised in the torsion is formed ordinarily by the sigmoid flexure considerably distended, and having acquired a diameter four or five times larger than in the normal state. This fold thus distended, places itself in front of the intestinal mass, it occupies the hypochondria and flanks; the hypogastric and epigastric cover, the colon and small intestine, form a new foreground interposed between the abdominal wall and the remainder of the intestines. This new disposition of the intestine frequently misleads fatally the surgeon who practises enterotomy by the anterior part of the abdomen, into opening the fold so immoderately dilated: he only empties this fold occasionally filled with a considerable quantity of alvine, and he obtains neither the re-establishment of the course of faecal matters nor the unrolling of the volvulus. Enterotomy practised by the posterior part of the abdominal cavity can alone, in the majority of cases, permit the reach of the colon and the emptying of the intestine; but it is at least doubtful whether it will bring about the unrolling of the folded intestine. It is this well-established opinion of the habitual inutility of enterotomy in the treatment of volvulus which has made Professor Potain adopt gastrotomy, a more serious operation certainly, but which in the case of intestinal torsion permits the unrolling of the intestine.

M. Barié—With M. Després, I believe it is necessary to revise the symptomatic study of internal strangulation, over which rests the greatest uncertainty both as to causes and seat. The cachectic condition of a patient is given as one of the best signs in favour of a cancerous obstruction, nevertheless how many exceptions do we find to this, the present case a fresh one. Recently at the Necker clinic we have observed two cases of internal strangulation in old men: in the first the commencement of the symptoms extended back nine days, in the second to five days. Both were in a cachectic condition so that the diagnosis of carcinoma of the intestine was considered as the most probable. Autopsy revealed in the first case volvulus, of the sigmoid flexure variety, rectum in front, in the other strangulation by a peritoneal

bridle on a level with the last portion of the small intestines. In support of the opinion just given by M. Després, that when strangulation is caused by peritoneal bridles the vomiting is of a fæcaloid nature, both of these patients vomited matters sometimes bilious at others fæcal.

M. Du Castel mentioned a case of a young woman who died recently in M. Potain's wards of typhoid fever, where the sigmoid flexure was twisted on itself; instead of descending directly into the small pelvis, as in the normal state, it turned on a pivot forming a large circle placed above the pubis and extending from one iliac fossa to the other. Here then was a volvulus of the first degree, not giving place to any symptoms of strangulation, and of a different type from the first, as the rectum was behind the fold of entanglement.

OPTICO-CILIARY NEURECTOMY.

BY L. L. PALMER, M.D., C.M., SURGEON, EYE, EAR,
AND THROAT, TORONTO.

As this operation is the *proper thing* in the *fashionable* surgical circles, its present status of development may be of interest. In your March number you copy from a Virginia Journal an item in which Dr. Chisholm "*proposes* to substitute neurotomy for enucleation in those cases where a diseased and irritable eye endangers sympathetic ophthalmia, and having performed it seven times he can confidently recommend it to the profession. I presume Dr. C. desires to make his article as short as possible, and therefore neglects to refer to Scheller, Rondeau, Schweigger and others whose names are so intimately associated with the early history of the operation.

The great danger of sympathetic ophthalmia in such a large number of cases of disease and injury of one eye has justified, in the opinion of some, the immediate enucleation of a useless eye, injured by and containing a foreign body, and it has become a law in ophthalmic surgery, that the presence of any irritation in a previously healthy eye, indicates the immediate enucleation of its fellow whose usefulness is destroyed either by injury or disease. If this danger can be averted by any substitute for enucleation, that will preserve an eye that is perhaps normal in its cosmetic effects, though no more useful than an artificial one, it

would be hailed as a great boon to the afflicted, and therefore also to the profession. Indeed Schweigger and Schöeller have asserted in their enthusiasm, that optico-ciliary neurectomy will eventually replace enucleation in all cases except malignant growths, but the report that comes to us from almost every quarter of unfavorable results, of reunion of the severed nerves with return of sensitiveness of cornea, tenderness and pain in the ciliary region, sloughing of cornea, even suppuration and destruction of the globe, will certainly tend to restrict the indications for the operation and perhaps, when strengthened by the experience of the near future, to abolish it as unsafe in those cases where sympathetic ophthalmia has already become manifest.

I had the pleasure during a short stay in Berlin, of seeing Schweigger perform the operation twice, and as he is one of its most enthusiastic advocates and an authority in ophthalmic surgery, I will give his method briefly as I saw it.

The conjunctiva is divided vertically over the internal rectus, to a sufficient extent to allow the globe when turned to expose its whole posterior surface, two sutures are passed through the tendon so as to secure it, the tendon is then divided between the suture and its insertion and all attachments to the sclerotic severed. With curved scissors plunged in behind the globe the optic and contiguous ciliary nerves are severed as in one step in enucleation. By means of a hook inserted into the sclerotic on the inner side and as far back as possible the eye is rolled outward, exposing the whole of its posterior surface which is now clearly denuded of the stump of optic nerve, about a quarter of an inch, and all remains of the ciliary nerves, shaving them close to the ball, the eye is rolled back and the rectus attached to its severed extremity by means of the tentative sutures.

Schweigger attaches importance to the exsection of a portion of the optic nerve as it effectually prevents its reunion; but as it is now generally believed that the optic nerve bears no share in transmitting the morbid influence to the sound eye, the good effect must lie in such an exsection of the ciliary nerves as to effectually prevent their reunion, but in this we unfortunately have as yet no guarantee, and therefore no guarantee that optico-ciliary neurectomy will effectually and permanently prevent the development of sympathetic ophthal-

nia. That severed nerves in other parts of the body, even where a portion has been exsected, will reunite, there can be no doubt, and that this may be the result of some of these severed ciliary nerves we have reason to fear, and that in this unprotected state, at an unguarded moment, sympathetic ophthalmia may commit its ravages. We should not omit to notice another possible danger in those cases where the cornea remains intact. We know that, in complete and incurable paralysis of the fifth pair, neuro-parylitic keratitis is almost certain to arise, it may not be for a year or two, or three or even four, and in so many of these cases ulceration of the cornea, usually uncontrollable and destructive in character, takes place, that, reasoning from analogy, we have much to fear that after optico-ciliary neurectomy, perhaps after some years, we may have a similar picture.

PUERPERAL CONVULSIONS.

BY K. N. FENWICK, M.A., M.D., M.R.C.S., ENG.,
KINGSTON, ONT.

As there is still some doubt regarding the proper treatment of puerperal convulsions, the following case, from its successful termination as regards both mother and child, may be of interest. Some authorities still advise venesection and chloral with a general expectant treatment, while others with more favorable results advise immediate removal of the uterine contents, with the use of chloroform to allay the convulsions while this is being done.

Mrs. L. æt. 21; primipara; dressmaker; had always enjoyed good health, and until a few weeks before delivery had been very well with the exception of occasional attacks of facial neuralgia. During the last few weeks of her pregnancy she had swelling of the face and feet. On the afternoon of the 10th September, 1879, she complained of very severe headache of a different character from her former neuralgia, accompanied by a slight diarrhoea. I was first called to see her upon the same day about 9.30 p.m. when she had a convulsion. She had slight regular pains in the back, and on examining the os, found it hardly dilated enough to admit the index finger, the head presenting in a roomy pelvis. I made her inhale chloroform with the effect of arresting the convulsions, and then gave pot. brom. grs. xv. every hour with the effect of warding off the attacks until 5 a.m.

As the convulsions now returned with greater frequency, the os still undilated any more than on my first examination, and the patient becoming comatose, on consultation with Dr. Lavell, decided to deliver at once. I then directed a stream of hot water against the os by means of a ball syringe, and began to forcibly dilate the os with the fingers, repeating the hot water injections, and carefully dilating the os until in less than half an hour it was fully open. I then ruptured the membranes, gave a dose of ergot, drew off a few ounces of highly albuminous urine, applied the forceps and delivered a healthy living child. Chloroform was administered during the forcible dilatation and application of forceps with the effect of modifying, though not preventing the convulsions. The uterus contracted well and no hemorrhage occurred. She had two convulsions after delivery, but they were slight, were at once checked by chloroform and never returned. Gave chloral grs. xxx. by rectum every four hours.

At 9 p.m. temp. was 100° F. Though insensible, she took beef tea from a spoon with avidity. I then gave a diuretic mixture of acetate of potash, digitalis, and broom. Sensibility slowly and gradually returned, until on the 13th she asked to see some of the family. From this time her recovery was rapid, and to-day (June 8th, 1880,) both mother and child are in perfect health.

The interesting point about the case was the rapidity with which the os uteri became dilated under the influence of the hot water injections, and digital manipulation. Some authorities, such as Leishman, are averse to forcible dilatation during puerperal convulsions, on the ground that it increases the attacks, but there can be little doubt, from the duration of the comatose symptoms that an expectant treatment in this case would have ended fatally.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—Being an enquirer into the action and uses of electricity in therapeutics, I was pleased to notice an article relating to that subject, by Dr. Rosebrugh, in the July number of the LANCET. Fully concurring with the author in regard to the importance of this subject, I carefully read over

the entire paper on these promised "principles of electro-physics," etc., but must acknowledge that I was disappointed.

I thought to find information on the "principles of construction, and management of batteries" of practical value, and especially to find the article dealing with the therapeutic aspect of the question. I expected the writer would treat of the action and uses of the different currents, and when and how they should be applied—some general principles, and the reason why; but I fail to find anything bearing on this point. The whole article gives one the idea that it is such as a manufacturer rather than a physician, might put forth.

If the Dr. will be kind enough to give the profession, in another paper, the substance of those principles of which he speaks, embodying some germs of thought, if not original at least practical; if not principles, results of experience, we shall all be much edified, and gratefully acknowledge his services.

Yours, etc.,

ENQUIRER.

ELECTRICITY IN MEDICINE.

To the Editor of the CANADA LANCET.

SIR—Some of my professional friends wish my opinion of the value of electricity as a remedial agent.

After a most extensive practice of over forty years, ten of which I was Medical Superintendent of an asylum for the Insane, I am fully of the opinion that in cases of paralysis not dependent on degeneration of cerebral structure, we possess as powerful a means of combatting the disease in electricity as we do in quinine in combatting intermittent fever; and in cases of paralysis arising from spinal disease, if in the ensuing deformity, the spine retains its curvature, electricity often proves a valuable agent even after abscesses are formed. When actively engaged at the Asylum, from being so much on my feet, and so frequently running up and down the long flights of stairs, I was troubled with internal hemorrhoids, one of which was clipped off by Dr. Sullivan and subsequently two by Dr. Fowler, the wounds did not heal but resulted in most violent and obstinate prurigo ani, which resisted every form of treatment employed. Galvanism was then had recourse to successfully. An

insulated rectal electrode was used internally, and an ordinary electrode was applied to the perineum externally; the seances usually lasted ten minutes. Six cells of a Bartlett battery were used, and three weeks of this treatment proved successful in relieving me of the intolerable itching.

I will conclude this paper with a short account of another personal experience. Overtaxing my brain in discharge of my duties brought on congestion of that organ, which first showed itself by partial paralysis of the left hand and forearm. Persisting in attending to my duties I was seized with aphasia and blindness. I now supposed that some blood-vessel in the brain had ruptured, but as the power of articulating returned in about twenty minutes, I knew that a rupture could not have occurred or absorption could not have taken place so rapidly, and supposed that the difficulty was owing to congestion which Dr. Fowler diagnosed. Obeying the advice of my medical attendants I now resigned the superintendency of the Asylum. My general health has very much improved, but the defect of vision still continuing Dr. Rosebrugh examined my eyes with the ophthalmoscope and found that whatever congestion might have been about the retina has now been totally removed, and recommended the use of galvanism in the following manner: one electrode was placed over the closed eyelid, and the other to the nape of the neck; two cells of the battery were used first and afterwards gradually increased to six at each seance. These seances usually lasted ten minutes each, and at the end of three weeks have produced a most marvellous improvement in my vision.

I have used electricity very frequently for the last ten years—during which time I have had personal experience in the use of all the instruments manufactured by the Galvano-Faradic Manufacturing Company of New York—and can say that I have the greatest confidence in it as a remedial agent when in the hands of qualified persons.

Yours faithfully,

JOHN R. DICKSON.

Kingston, July 21st, 1880.

To the Editor of the CANADA LANCET.

SIR:—In the last month's issue of the Lancet I notice a letter signed "Country Practitioner" which is certainly unique, especially when coming from

the pen of a supposed educated, high toned and honorable profession. The writer is evidently a strong sympathiser with Dr. Freeman, as his reference to the treatment his friend suffered at the hands of the Hamilton profession shows. I had the pleasure of hearing both the candidates at Hamilton, and though I went somewhat prejudiced against Dr. Macdonald, I had no hesitation after hearing them speak which was best fitted to represent us, and I am glad to know that the profession responded to that feeling by electing Dr. Macdonald. He refers to the impecunious condition of the profession in Hamilton, but I venture to say he can find abundant evidence of impecuniosity among his rural *confreres*. I am a country practitioner also, living within easy distance of Hamilton, and I never suffered from the "ignoble acts of those who crowd into cities already overcrowded, and who are forced to contemptible practices to gain even a wretched living." But I am cognizant of a good many ignoble acts among my rural brethren, whom C. P. would lead us to believe soar in a higher altitude of medical ethics than those "city parasites" "who rush into the country and go six or seven miles for \$1.50." I might point him to country practitioners that will go farther than that, for less money, and not hesitate either to "steal an interesting case" on the way by "making domiciliary visits on the sly." In fact the competition is becoming so great in the country, that medical fees are now in many cases below the level of common cab fare, and the social status of the profession on a level with the lightning rod pedlar and general drummer. It is no uncommon thing to find two or three doctors in a little village of two hundred inhabitants, each one at dagger's point with the other, and plying all the cunning arts to injure the reputation of his hated rivals, and ingratiate himself with an ignorant, credulous, and gullible public.

Is it any wonder the profession has lost the respect it once enjoyed when we consider its present relationship to the public? The old adage says, "familiarity breeds contempt," and is it not a common thing to hear medical men delivering the most absurd clinical bosh to their patients, describing minutely the nature and treatment of their diseases, the kind of medicine they are using, the number of patients they have and who they are, boasting of their skill in treating this, that, and the

other disease, the number of nights they have been without sleep, and the number of horses they have run down, &c. &c., *ad nauseam*.

The above is not written for the purpose of defending the Hamilton profession; they are quite competent to do that for themselves, but to remind C. P. that before he launches his thunderbolts of wrath upon them, he had better enquire whether there is not a wide field for reform among his rural *confreres*, whom, on close enquiry he may find guilty of worse offences, than even the much hated and despised Hamilton medicos.

Yours truly,

COUNTRY PRACTITIONER No. 2.

Aug. 13th, 1880.

Selected Articles.

ABSTRACT OF PAPERS READ AT THE AMERICAN MEDICAL ASSOCIATION.

(Continued from page 366.)

CHRYSOPHANIC ACID IN THE TREATMENT OF SKIN DISEASES.

Dr. R. W. Taylor, of New York, read a paper on this subject. Chrysophanic acid is derived from the Goa powder, and it is as much a cure for some skin diseases as quinine is for malaria. The strength of the ointment should be about gr. x to $\frac{3}{4}$ i. of simple ointment. The strength may be rarely increased to $\frac{3}{4}$ i. to $\frac{3}{4}$ i. The acid is useful in chronic or subacute skin affections, where there is a superficial infiltration, and in certain scaly diseases. It will not do when the infiltration is deep. Its dangers are, its staining and its irritant properties. It would be good in indurated acne, but for its staining the skin; caution should be used in applying the ointment to the face. In eczema it is useful, but should be combined with oil of cade or some other tarry oil. Two cases of obstinate syco-sis had been cured by the acid. Ring-worm of the body can also be cured by it.

Lichen, papular and scaling syphilides are also relieved by the same remedy. In psoriasis, however, the acid has achieved its greatest results. The speaker endorsed the high praise that had been given it for its usefulness in this disease.

LOCAL TREATMENT OF PULMONARY CAVITIES.

A paper was read by Dr. Wm. Pepper, of Philadelphia on the above subject.

The chief indications for the treatment of pulmonary cavities are, cleansing, disinfection, and modifying the walls of the cavity. The use of inhalations, sprays, and direct injections has been

employed, but, as regards the first two measures, without much success. There is one form of inhalation by which some good may be accomplished. This is by the continuous inhalation of medicated vapor. An instrument for doing this was shown by the speaker. It consisted of a kind of mask, attached to which is a small box containing sponge on which the medicated fluid is poured. This is tied over the mouth. The best medicines are carbolic acid, iodine, thymol, etc. With an instrument of this kind the bad breath due to putrid cavities, or bronchiectases, can be corrected, and probably good can be done in cases of chronic bronchitis. It was not likely, however, that much could be done in pulmonary cavities by continual inhalation. The speaker, therefore, called attention to the value of direct injections into the lung cavities.

A number of cases were reported showing the value of this procedure. Lugol's solution, in the proportion of from Mx., Mxv. or ʒ i. to ʒ i. of water was used. In one case related the injections were given forty-eight times in fourteen months. The patient improved, and when he died some time afterward, from Bright's disease, the cavity was found to have been obliterated. Seventeen other cases were related or referred to, in which similar treatment was pursued, 291 injections having been made. Autopsies on some of the cases showed that contraction of the cavities was induced by the injections. Injections into caseous consolidation of the lung, in very bad cases, gave negative results. The syringe used was like an ordinary hypodermic syringe, but had a larger barrel and longer needle. Lugol's solution and carbolic acid were the only agents suggested. The skin should be first chilled with ice; the injections should be mild at first. There is no danger in such injections, cough and pain being the only symptoms excited.

ON RESTORATIVE REMEDIES.

This was the subject of a paper by Dr. Uhler, of Baltimore.

The speaker described a very simple method of determining the amount of nitrogen (and urea) in urine. It consists of taking two bottles one of which just fits into the other. The smaller bottle is attached by a wire to the cork of the larger one. Into the small bottle is placed urine; in the larger a mixture of liquor sodæ chlorinat., and common salt. The two bottles, one within the other, are first carefully weighed; they are then shaken and their contents mixed together. A decomposition follows, which results in the evolution of nitrogen. This gas is allowed to pass off, and the bottles with their contents are again weighed. The difference between the first weight and the second shows the weight of the nitrogen, from which may be calculated the weight of the urea.

Dr. Uhler then passed to the subject of foods, and referred to the recent experiments of Dr. Roberts, on the digestive ferments, in which he had stated that milk and oysters were the only two foods that should not be eaten cooked. The oyster, he said, was a food which digested itself when taken raw. The speaker showed a specimen of cod-liver oil, mixed with cheese, which quite effectually disguised its taste. The pungency of the cheese also aided the digestion of the oil. Specimens of cod-liver oil mixed with bread, were also shown. The process of the manufacture of extract of malt was described and its value endorsed. Dr. Uhler had proved by several experiments that it changed starch into glucose. Preparations of pepsine had been tested by the speaker to see how great their value really is. Microscopic examinations showed that the various specimens in the market differed greatly in value. The fresh varieties are the best by far, and many of the others are unreliable.

Dr. Uhler had devised a new process by which he hoped the pepsine could be kept active in powder form. He covered the fresh moist stomach over with gypsum. When this hardened, he pulled it off and ground up the saturated plaster. This he had found was very active, and kept very well. In conclusion, the uses of iron and digitalis were described. A description of the theory of the action of the heart, and of digitalis upon it was given and illustrated with diagrams.

THORACENTESIS,

Dr. Leale, of New York, read a paper in which this operation was warmly advocated. Serous effusions were said to be amenable to treatment by using a trocar. In purulent collections, on the other hand, free incisions were advised. Continuous drainage might become necessary. Restoration of the pleura and lung to their normal condition after thoracentesis, was first considered. The spontaneous cure of empyema by discharge per bronchi was next alluded to. A case of empyema, entirely cured without the operation was mentioned. The point of election for performing the operation was also referred to. Other points were then set forth, and the following conclusions presented: Thoracentesis was easily performed, and required no special instruments. It ranked among the surgical operations most conspicuous for saving of life. Thoracentesis was justifiable to prevent pain and prolong life, even when an ultimate recovery of the lungs could not be expected. Complete absorption had followed thoracentesis, when pus, air, or serum had been left in the pleural cavity. The pleuræ might be restored to health after thoracentesis. Hectic fever, the result of unhealthy decomposition, ought to be relieved by a free incision.

The author's recorded illustrations had shown

that thoracentesis could be successfully performed on the nursing infant, as well as on the adult. That it could be resorted to when both lungs were diseased, and even in far advanced pulmonary consumption. That relief from distressing suffocation could be obtained, life prolonged, and painful death averted.

CYSTOTOMY FOR CYSTITIS IN THE MALE.

Dr. Robert F. Weir, of New York, read a paper upon the above subject, which embodied the results of forty-seven cases, in which the operation of cystotomy for cystitis had been resorted to. It opened with a short but interesting historical account of the operation, which was presented to the profession by the venerable Dr. Willard Parker, in 1867, in the "Transactions of the New York State Society." Dr. Parker's claims to priority in this matter were shown to be valid.

Of the 47 cases collected by Dr. Weir 13 died, 10 of which deaths were due to advanced kidney diseases, and only 3 to the operation itself. Of the 34 cases that recovered, 23 were cured by the operation absolutely, or were so much relieved as to be able to return to their vocations, to hold their urine for several hours; 7 were relieved to a moderate extent, and 4 completely failed in affording any benefit. Not all, however, were treated by lateral lithotomy, in only 32 cases was this method used, the bilateral incision five times, and the median ten times. When the median section was resorted to, in six of which a cure resulted, either a supplementary incision (three times) into the prostate was done, or the finger (once) or two fingers (once) were introduced into the bladder, or by a bivalved speculum the vesical orifice was stretched (five times) to the diameter of an inch. Hence, when the median operation was resorted to, incision or laceration of the prostate was of necessity conjoined with it. A permanent fistula was more apt to occur after the median operation. To afford success, not only a free opening into the bladder, preferably by the lateral incision, must be made, but also the wound should be kept open as long as possible by either introducing the finger or a large tube frequently during the first ten days after the operation, and after that time oftentimes a tube can be permanently borne. Dr. Weir also cited a number of cases where, in the performance of lithotomy or cystotomy, the hypertrophied median lobe or other portion of the prostate, had been removed without enhancing the risk of the operation, and advised, after consideration of the subject, that an endeavor should, if possible, be made in the performance of cystotomy in the aged (or past fifty-five) to remove any enlargement of this gland.

GASTRO-HYSTERECTOMY.

This was the title of a paper read by Dr. Isaac E. Taylor, of New York. The writer dwelt for

some time on the history of the operation, and then went on to speak of the case referred to in the title. The patient had a kyphotic pelvis, and five years before Dr. Taylor had delivered her by ovariectomy. There were two modifications of the operation of gastro-hysterectomy, Porro's and Mudder's, and he had added a third. Confident that there was a ductile isthmus between the body and the cervix of the uterus, after opening the abdomen and delivering the child by Cæsarian section, he placed two ligatures, almost an inch apart, around the pedicle, and cut off the uterus between the two. Unfortunately, however, retraction of the arteries took place, and he found it necessary to put on a ligature with the "cobbler's stitch." The patient did perfectly well for some time after the operation; but on the seventeenth and eighteenth day phlegmasia dolens made its appearance. This subsided before a week, but she was still ordered to remain strictly in bed. On the twenty-seventh day, however, she was attacked by cardiac thrombosis, and died in a few hours.

This unfortunate result, he believed, had no connection whatever with the operation performed. In conclusion, Dr. Taylor spoke of the various advantages of gastro-hysterectomy in deformed pelvis. Out of the fifty cases now reported twenty-one had recovered. In connection with the paper, Dr. Taylor exhibited the uterus removed (which he regarded as affording valuable proof in confirmation of his views as to the structure and action of the tissues of the lower segment and neck of the uterus, prior to and during parturition), and also a number of photographs of the patient and specimens.

REMOVAL OF THE UTERUS.

Dr. T. Gaillard Thomas, of New York, read a paper on this subject. There were three circumstances, he said, under which complete extirpation of the uterus might now be regarded as a legitimate, and often a very necessary procedure. 1. On account of malignant disease. 2. As an addendum to the Cæsarian section, after the method of Porro, and 3, in order to render practicable the removal of tumors which took their origin in its tissues, or which arose in the ovaries, and whose attachments were too firm to be broken.

It was with the third class of these indications that the present paper was concerned. After quoting the opinions of Barnes, Emmett, and other authorities, who regard such operations as still *sub judice*, he stated that he was to-day giving evidence in favor of a young and feeble cause. An honest conservatism was the bulwark of scientific surgery; but, at the same time, there was no virtue so likely to run to dangerous extremes. In this connection, he alluded to the splendid triumphs of ovariectomy within the last few years, and said that it was with the desire to put upon record further

testimony from which might be drawn reliable deductions as to the propriety of removing solid or cystic tumors by laparotomy, when such removal involved the necessity of ablation of the uterus, that this clinical condition was made.

The paper embodied the results of seven cases, in one of which the whole fundus, in another the whole body, and in five of which the entire uterus was removed. Four of the tumors demanding the operation were large solid fibroids with no cystic elements. One was a fibro-cyst, partly solid and partly fluid, and one a peculiar ovarian tumor which, developing between the layers of the broad ligaments, lifted the uterus entirely out of the pelvis, and made it a mere addendum to their walls. Out of the seven cases four recovered and three died. The three fatal cases were all operated on for large solid tumors. Of the four successful ones, one was a case of solid uterine fibroid, one a case of large fibro-cyst, and two cases of ovarian cysts with large amounts of solid material in their walls. On recognizing this fact it was to be borne in mind that a tumor susceptible of diminution of size by tapping was not so dangerous for laparotomy as one which, being entirely solid involved the necessity for a long abdominal incision.

As far as Dr. Thomas knew, no one in this country had had so large an experience, and, he was glad to add, so gratifying a success in this formidable operation as their distinguished fellow, Dr. Gilman Kimbal, of Massachusetts. He removed the uterus thirteen times (nine times for solid and four times for fibro-cystic tumors), with the excellent result of eight recoveries and five deaths. In some of his cases the whole, in others a part only, of the uterus was removed.

THE CLAIMS OF PEDIATRIC MEDICINE.

An address, by Dr. A. Jacobi, of a very appropriate and interesting character, reviewed the claims of pediatric medicine. In commencing the address, he very pointedly referred to the difference between special practice and special study. His statements of the gradual encroachments of the various specialties upon the domain of the general practitioner created some amusement. In replying to the question: "What is left for the general practitioner?" he said, "The general practitioner will in future obtain, as the legitimate province of his practice, the male half of mankind, and very old women, and very young children, provided he will keep his hands off their eyes, ears, nervous system, lungs, and heart, urinary organs, venereal diseases, nose, pharynx, larynx, hair, and corns." He pointed out the fact that the multiplication of specialists is due, first, to the immense progress of the science; and, secondly, to the attainment of special skill and dexterity by certain individuals, leading them to select certain branches as their favorite practice.

The pathology and therapeutics of childhood do not mean the same as in the adult; the difference is not merely a matter of dose, as is frequently supposed. The light that has been recently thrown upon infantile disorders, due to malformation, defective evolution, or to abnormal development, has led to great improvement in the methods of treatment. The peculiar characters of infantile bowel diseases, pulmonary affections, and zymotic diseases, require special study of children's diseases for intelligent practice. Functional disturbance also acquires more prominence in disorders of children than in adults. Since twenty per cent. of children do not survive the first year, and a very large proportion of these unfortunate cases of premature death are due to defective feeding, it was pointedly inquired whether special study is not required for the practice in this field of medicine, whose importance it is difficult to over-estimate. A special section on the pathology of children would include the consideration of questions of hygiene, such as feeding, nursing, clothing, and baths. He concluded by urging the formation of a Section on Diseases of Children.

ELECTRICAL TREATMENT OF EXOPHTHALMIC GOITRE.

This paper was read by Dr. A. D. Rockwell, of New York.

In regard to the current to be used in exophthalmic goitre, every physiological consideration and all experience points to galvanism as prominently indicated, and yet he would bear testimony to the fact that the faradic current is not altogether useless. The applications, however, must not be local, but *general*, after the method of general faradization; and, in a certain proportion of cases, where there is anæmia, with marked nervous irritability, benefit will certainly follow. In the use of the galvanic current upon which we are mainly to rely, Dr. R. had obtained good results by placing the cathode over the cilio-spinal centre, and the anode in the auriculo-maxillary fossa, gradually drawing the anode (after a few moments of stable treatment) along the inner border of the sternocleidomastoid muscle to its lower extremity. The second step in this process consists in removing the anode to the position occupied by the cathode, and using for a minute or so longer a greatly increased strength of current. In one case, failing after considerable effort to accomplish more than a very moderate degree of amelioration, the speaker made use of currents that were rapidly increased and diminished every few seconds by means of a rheostat, and with very great benefit. Subsequently to this, he came across a case published originally by Dr. Ancona in the *Giornale Veneto di Scienze Mediche*, where an obstinate and severe example of Grave's disease had been cured by distinct interruptions of the current, the electrodes being

placed on either side, just below the angle of the lower jaw. The cure was accomplished only after the administration of 100 applications. In addition to the four cases that he had previously published, Dr. Rockwell gave in detail the history of five additional cases. Of a total of nine cases, four completely recovered, one approximately recovered, two were much benefited, while in two cases no form of treatment proved of essential service.

SULPHUR IN DISEASES OF THE SKIN.

This paper was read by Dr. Bulkley, who spoke of the great popularity which sulphur had had in the treatment of skin diseases, and of the indiscriminateness of its employment. His present aim was to show in exactly what diseases sulphur really relieved and how it should be administered. He proposed to discuss its effects when given internally and externally, and also the effects of its different compounds and of the mixtures containing it. As to internal use, pure sulphur was seldom given alone for skin disease. In eczema about the anus and genitals, however, it is very useful, especially if there is any constipation or piles. It may be given with equal parts of cream of tartar, in teaspoonful doses. Sulphurous acid (SO) is rarely used internally.

Sulphide of calcium is very valuable in skin lesions attended with suppuration. In *acne* it is often useful, but chiefly in those cases which have a considerable pustular element. It is not of much use in *acne rosacea*. In *hordeolum* it is very valuable; also in *furunculosis*, relieving not only the symptoms, but preventing further crops of boils. Like testimony may be given regarding its effects in carbuncle and suppurating buboes. True, non-parasitic *syphilis* is sometimes benefited by sulphide of calcium. The drug is liable to be poor, and should have its characteristic smell of sulphuretted hydrogen. Dr. Bulkley usually gave gr. $\frac{1}{4}$ q. i. d. It is undoubtedly the sulphur that does the good in these cases, for other combinations of sulphur, such as the hyposulphite and sulphuric acid, have been found similarly beneficial. A wonderfully valuable combination of sulphur is that known as "Startin's Mixture":

| | |
|-------------------------------|---------|
| R. Magnes. sulph | ʒi. |
| Ferri sulph | ʒi. |
| Acid sulphur. dil..... | ʒ ij. |
| Tr. gentian | ʒi. |
| Aquæ | ʒ iiij. |
| M. Sig.—ʒi. dose after meals. | |

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforme, erythematous eczema, and urticaria.

In regard to the use of natural sulphur waters, some benefit is obtained from them, but it is impossible to speak definitely of them until more

data are collected. The speaker would be pleased to receive help from any in collecting such facts. Externally, sulphur has gained its widest reputation in the treatment of scabies, for which it is almost a specific. It should be remembered that sulphur is an irritant to the skin. Besides scabies, sulphur is beneficial in *acne*, either in the form of the pure sulphur or the hypochloride, the latter being used as an ointment about ʒi. to ʒi. Sulphur will also destroy the parasite of favus, ring-worm, and *tinea versicolor*, pure sulphurous acid being the best form for these. Sulphur vapor baths are of value in very few diseases of the skin. They stimulate the skin and liver, and they destroy skin parasites. But not much more can be said for them.

THE STRONG GALVANIC CURRENT IN THE TREATMENT OF SCIATICA.

This paper was by Dr. V. P. Gibney, of New York. In thirty-two cases treated as above at the Hospital for the Ruptured and Crippled, twenty-four were entirely relieved, three moderately relieved, and five not relieved. The currents were given daily; sixteen of the cases had no relapses, and only four had a permanent return. Several cases were related. In one, twenty-seven cells were applied for ten minutes daily for several days, with rapid relief. The duration of the disease in the cases reported varied from a few weeks to several months. The current should be a stable one; the labile current is not a constant one. The speaker described the best form of battery. The current should be just as strong as the patient can bear it. The application should be given for ten minutes, or even fifteen, if possible. It should be given twice a day at first, if possible, and kept up for fifteen or twenty days. If by that time no good results ensued, it had better be discontinued. Six to ten sances may secure success. The descending current is preferable.

RESPONSIBILITY FOR CRIME.

The Judges adhere pertinaciously to a view of the practical question of responsibility for crime which leaves much to be desired. Mr. Justice Hawkins, in his summing up in the case of James Sweetland, follows the lines laid down in a well-known judgment, and asserts (we quote from *The Times* of Tuesday, the 6th inst.) that, "to establish a defence on the ground of insanity, it must be clearly proved that at the time he committed the act the accused was labouring under such a deficiency of reason from disease of the mind as not to know the nature or quality of the act he was committing, or, if he did know what he was doing, that he was not aware that the act was wrong."

Further on in the same report we read: "It was impossible to define what insanity was, but as far as the criminal law went, it must be that state of mind which made a person unconscious of what he was doing, and that it was a wrong act he was committing, even though he knew what that act was." Again: "It must be that insanity which prevented a man from knowing the nature of an act, or that it was wrong." Mr. Justice Hawkins is too sound a lawyer and too wise a judge to have given expression to an opinion at variance with the principles of law as they are still understood by the Bench. There is obviously a strange lack of breadth in the legal view of insanity as a disease, but is it so narrow as to exclude all cases of delusion in which the subject acts under a supposed self-consciousness of evil influence? The man who thinks the devil or some fiend instigates or drives him to the commission of an offence may know what it is he does, and be painfully aware that it is both wrong in itself and contrary to law, but nevertheless do it, and do it insanely in such a way that common sense must excuse, and the law can scarcely condemn him. It is needless to cite instances of this class; the books are full of them, and even *one* would suffice to upset the postulate assumed by Mr. Justice Hawkins.

The case of Sweetland is, as a whole, one of considerable difficulty. Mr. Montague Williams did not put the popular argument too strongly when he said that if "insanity" were to be accepted as an excuse for crime committed "in a state of carelessness and recklessness" induced by the habit of drinking, "no person's life would be safe for a moment." It is a most regrettable circumstance that this question of responsibility is left to be raised and disputed as a ground of defence. It would be incomparably better if the plea of insanity were disallowed, and the question of *responsibility* made the subject of special inquiry after the jury had given its verdict, and before the judge pronounced sentence. Irresponsibility should never be allowed to form a question before the jury or the Court *during* a trial. It is solely a question for the Crown, and might well be determined after a prisoner was delivered over to the judge, as the representative of the Sovereign, for punishment. We should then get rid of two evils at one sweep: 1. The importation of a foreign element into the process of weighing evidence on the question of *fact*, with which alone any lay jury can be competent to deal; and, 2, the cross play of assertion and argument, which discredits truth and science, in the conflicting interests of the opposing parties. Nothing is more undesirable on grounds of public prudence than to leave questions involving great issues to an incompetent tribunal. The balancing of technical evidence cannot possibly be a task to be entrusted to any lay judge or jury. As well set a man ignorant of the law to determine

between the merits of two elaborate legal arguments, as expect a layman to decide which of two medical "opinions," the one for and the other against an accused person, is that which ought to be adopted. What would any reasonable man think of the proposal that the Lord Chancellor should be a person ignorant of the law? Yet such a proposal would be precisely in accord with the practice which sets a judge and jury, both ignorant of medical-psychology, to decide between the conflicting testimony given by medical men, called by the Crown and for the accused respectively, in a case like that we are considering. Of course neither judge nor jury can know anything about the matter in dispute, and the only indication to help them is the *status* of the opposed witnesses, which must sometimes prove an untrustworthy guide.

In the case of Sweetland there would seem to have been some evidence of hereditary disease, and certain peculiarities in his conduct which *may* have been symptoms of insanity, but there is really nothing in the evidence to shape the judgment of an alienist. The materials for a decision on the question of responsibility are wanting. The fact that shot was deliberately purchased, apparently with a view to the commission of the crime, counts for nothing. The most pronounced lunatics often show the greatest cunning and premeditation in the perpetration of offences. Nor is it important to either side of the case that the accused showed consciousness of what he had done immediately after the crime, and observed reticence subsequently. Those who have had much experience among lunatics will not need to be reminded of the difficulty which often besets the task of making out the formal proof of their insanity. The worst and more dangerous cases are often, if not generally, the most obscure. The diagnosis of insanity is especially a matter of personal skill. Dr. Maudsley took up the only tenable position when in a recent civil case he stated his opinion as an expert, and, relying on his reputation, declined to bandy words with the unskilled cross-examiner who sought to elicit his "reasons," and discover the processes by which he arrived at his conclusions. It would be well if medical witnesses generally were as wise in their bearing. For example, in the case of Sweetland we would rather accept Dr. Bucknill's opinion on the basis of his skill as a diagnostician than entertain his hypotheses as a psychologist; and that opinion is that the man was mad when he committed the crime of which he has been convicted, and that even now he has the delusion that the deceased watched him for the purpose of doing him an injury.

The only point on which we are sufficiently well informed to adventure an opinion as to this case, and that a very strong one, is that the Crown cannot in common justice proceed to execute the sen-

tence of death without a proper medical inquiry. Public opinion will not be satisfied with the carrying out of the sentence until the question of *responsibility* has been determined. We cannot suppose the judge or Home Secretary will be inclined to leave the matter in the present state of incertitude. It is, therefore, only necessary to urge the expediency of prompt action. Respect for the administration and for the law is weakened when there is unnecessary delay in these cases. An inquiry *must* be instituted. It is a clumsy and costly expedient, but absolutely indispensable under the circumstances. Nothing can be gained, and something may be lost, by delay. A writer on the subject of "Impulse and Responsibility" has said: "The justification of a plea of insanity must, I think, take the form of a demonstration that the impulse alleged to have been morbid exhibits the characteristics of disease, or that it occurred in the course of a paroxysm of the malady." This pretty well covers the area and marks the limits within which the search for evidence should now be prosecuted. Every day the inquiry is delayed, the diagnosis, from the medico-legal standpoint, becomes increasingly difficult, and new sources of error are incorporated with the case; for example, the mental effects of remorse, hope, and despair, with the ever-impending, though disguised, dread of steadily approaching death. It is not politic in the interests of pure justice, with which society is chiefly concerned, to delay an examination of this character until influences which may either crush or *recover* the mind have established their sway. It seems to be forgotten that a man who was mad when he committed a crime, and, therefore, ought to be absolved, may be cured by the mental effects of his trial and condemnation!—*Lancet*.

ON INTRA-UTERINE TUMORS.

BY J. MATTHEWS DUNCAN, M.D., ST. BARTHOLOMEW'S HOSPITAL, LONDON.

In describing polypi and tumors two things are confused, the origin and the situation of the polypus or tumor; and, like all confusions, this one leads to a great deal of harm. A tumor is best named with reference to its origin. To-day we are considering only tumors which are intra-uterine in their origin; which spring from the cavity of the body of the uterus, and which remain there. An intra-uterine polypus may be, in point of situation, vulvar, the polypus hanging in the vulva; that is, between the labia. A polypus intra-uterine in origin is, in the majority of cases, a vaginal polypus in situation; or, again, a polypus which grows from the interior of the body of the uterus may be intra-cervical in situation. And when you hear of intra-uterine polypi, or look at pictures or diagrams

of them, what is generally meant is intra-cervical. A fibroid or a mucous membrane growth, if truly intra-uterine in situation, is very rarely a polypus. Except in the case of little mucous intra-uterine polypi, I have never seen an intra-uterine growth which was really a polypus.

An intra-uterine growth, not intra-cervical, is either sessile or has only a neck; it has no distinct stalk to make it a polypus. You may easily perceive that, within the womb proper, there is no room for the development of a stalk to a polypus which is of any dimensions. You must understand, then, that intra-cervical polypi are generally called intra-uterine, and wrongly so; moreover, they are easily diagnosed and managed, compared with truly intra-uterine, which are rarely, if ever, polypi, and have only a neck, not a stalk.

You see I do not attempt to make a new nomenclature; that is an easy proceeding, which is rarely advantageous, and still more rarely successful; but I give a designation to growths which are truly within the cavity of the body of the uterus, calling them intra-uterine tumors, not intra-uterine polypi, from their origin and situation combined; and it is only of such truly intra-uterine tumors that I intend to speak to-day.

You will understand the rationality of calling a tumor or a polypus according to its site of origin, and using other terms to denote the situation in which the body of the growth happens to lie, if you think of polypi of the nose. These frequently hang down into the pharynx, and they are not called pharyngeal, but nasal polypi; and we are only carrying out the same rule of nomenclature.

What I have already said indicates that a growth from the interior of the uterus almost invariably grows downward. It begins within the cavity of the body of the uterus, and as it progresses it becomes, under the influences of growth and uterine contractions, intra-cervical, and then it becomes vaginal, and it may even become vulvar in situation. But that is not invariably the case; a polypus may grow up instead of down.

One more word before I come to intra-uterine tumors. What are the polypi, intra-uterine in origin, but in situation intra-cervical? They may be polypi of the mucous membrane. Fibrinous polypi are characteristically intra-cervical, though not invariably so. Placental polypi are occasionally intra-cervical, but not generally. Then there is a rare condition called cervical pregnancy, in which a mole or otherwise healthy ovum has been pushed, in the process of abortion, out of the cavity of the body of the uterus, its original and natural site, into the cavity of the cervix, but still retaining its connections with the mucous membrane lining the body of the uterus. Lastly, you have fibroids, either as true polypi, or as spurious or false; that is, partly enucleated.

What are the varieties of intra-uterine tumor?

You have three forms of mucous polypi which occur in this situation: Firstly, adenomatous, that is, consisting of hypertrophied glandular structures of the uterine mucous membrane; secondly, molluscum, this is, hypertrophy of the areolar tissue without glandular developments; and, thirdly, cystic tumors, where the disease is probably the accumulation of fluid within closed glands of the mucous membrane. This cystic degeneration sometimes accompanies or forms an addition to an intra-uterine fibroid. When I do not mention any particular kind of growth in my lecture to-day you will understand me as speaking of an intra-uterine fibroid. Besides an intra-uterine fibroid you may have a fibrinous polypus within the body of the uterus, or a placental mass, of which latter I have narrated examples in a former lecture. When you have an intra-uterine fibroid it is, as I have already said, a sessile growth, or one which has merely a neck, not a distinct stalk; it is therefore not a polypus. It may be a true intra-uterine growth, covered with mucous membrane or with a capsule of muscular tissue in addition; or it may be a spurious or false intra-uterine growth, having no covering, having been to some extent spontaneously enucleated; such a one was at first imbedded in the wall of the uterus, and has been expelled through an opening made in the mucous membrane and muscular tissue, into the uterine cavity, where it may be found as an intra-uterine tumor.

What are the events which may arise in the history of an intra-uterine fibroid? It may cause a woman to bleed till she is at the point of death, and I have repeatedly seen it prove fatal; or, again, it may give no trouble at all, being found only after death, not so much as suspected before. It may be pushed down into the cervix; or farther, into the vagina; and perhaps into the vulva, during which process a stalk is formed, which it did not before possess. It was not a polypus so long as it remained in its place of origin, but when it reached the cervix it became one, whether of the false or true variety; that is, whether still encapsuled or partially enucleated. It may be in the course of this pushing down that it becomes enucleated, or it may be enucleated in its earliest original site, so as to have no covering and lie bare ready to be detached. Another result still may happen, and is well illustrated by a case which was in "Martha" not long ago. The uterus seizes the intra-uterine tumor as is seized a mole or a child and pushes it out; but in the course of this process a stalk is not formed; the tumor pulls the probably thin, and therefore weak, uterine attachment with it; and consequently you see the woman with an inverted uterus. It is not a polypus which produces this effect; it is a sessile or necked tumor, which refuses, metaphorically speaking, to form a stalk, pulls the womb down, and turns it inside out.

Here is the proper place to tell you an important fact which will enable you to avoid what may be a distressing and serious error. In the course of such a history as we have been describing it may happen that the tumor comes down and then retires. If you examine the woman at one time, most likely while she is losing blood, a tumor will be found in her vagina; but when you return, perhaps intending to operate, there is no tumor to be found, it has gone up again. This occurs not only in the case of polypi and of tumors which are clearly and distinctly within the cavity of the uterus, but also in the case of some which are intramural or imbedded in the uterine wall, and are undergoing a process of enucleation and expulsion. I shall endeavor to impress this upon you by the history of a case. It was a large tumor in the vagina, which had several times threatened sudden death from loss of blood at the monthly periods, the amount lost being enormous. On examination I found no tumor at all in the vagina; but there was evidence that the woman had a uterine fibroid, not a polypus. I wrote to my friend, who had sent her to me, and found what furnished an explanation of the difficulty. It was that he had examined her during the loss of blood, and it was only necessary for me to wait a few days till it recommenced; and then there was a great fibroid, partially enucleated, down in the vagina, with tremendous flooding. That was not an intra-uterine tumor, according to the principle I have adopted of naming tumors according to their origin, but it was an imbedded tumor in the course of spontaneous cure by enucleation.

An important point I must mention is that you have two distinct sets of cases: one in which the cavity of the uterus is open and expanded; another in which no other enlargement has taken place beyond what is required to contain the tumor. You will understand that the former are much more easily dealt with as to diagnosis and treatment than are the latter, where you have to force your way every step you make. In the former class of cases you have only to open the neck of the womb, and you can feel all the uterine cavity; while in the other class you have to force your way every fraction of an inch you progress in making the diagnosis.

All the tumors I have been discussing in this lecture are diagnosed and treated very much in the same way. I have said that an intra-cervical tumor is generally spoken of as intra-uterine; it is easily diagnosed and treated, but it is quite a different matter when we come to intra-uterine tumors proper, and we have had several examples in "Martha" of the difficulties attending their diagnosis and treatment.

Suspicion, which does not reach the length of diagnosis, arises when you find an enlarged uterus, especially if it be also a little deformed; but if the

uterus be much deformed it is probable that the tumor is not intra-uterine. If the tumor is small you may have no evidence of enlargement even. Suspicion is first aroused in most cases by the occurrence of loss of blood, which may take place at the monthly periods or altogether apart from them. This loss of blood it is which in most cases impels you to examine per vaginam in order to treat satisfactorily; for without a complete diagnosis treatment is very unsatisfactory. In some cases the intra-uterine tumor produces, in addition to loss of blood, copious serous discharge, or sometimes purulent discharge. I have seen several cases of intra-uterine fibroid in women, after the menopause, where the discharge was not bloody, but evidently from an inflamed uterine cavity and so profuse as to have effects upon the constitution very nearly as powerful as loss of blood.

How are you to make sure of the presence of an intra-uterine tumor? First, you are not to attempt to make sure unless you have sufficient reason; for the process of making sure is itself attended with considerable danger, the danger of septicemia from the injuries the process may cause; the danger of parametritis or perimetritis, which must always enter into our consideration. Let us suppose, however, that the case is serious enough to demand you to proceed. You must get your finger into the inside of the woman's uterus to feel it. Examination by the probe is often spoken of, but it is utterly unsatisfactory. There is only one sort of probing that is conclusive for this kind of diagnosis, and that is with one living, educated finger, the other hand aiding by acting in the bimanual method. This is especially successful in cases where the cavity of the body of the uterus is dilated; then you may be able to insert your finger without further ado, without previous artificial dilatation; or you may, by the exercise of a little force, push the finger through the external and internal orifices; or, again, you may succeed by pressure, while the neck of the womb is held in a vulsella, to prevent its receding before your finger, or to pull it down on your finger. But generally, and invariably in that class of cases where there is no dilatation of the cavity, you have to dilate every particle of the neck and cavity which you wish to explore. Now, dilatation for the purpose of exploration of the cavity of the body of the uterus, when the cavity is not previously enlarged, is a much more difficult matter than is generally supposed. You can push in your dilating apparatus, and keep it in by plugging the vagina, which will dilate only as far as the tent goes; and it is a very natural matter to be deceived and think you have reached the fundus uteri when you have accomplished no such thing.

The best method of dilatation is by means of tangle tents. You must have a tangle tent at least three inches long; because the tangle tent may

slip right into the uterus and become lost there, owing to its being too short. A uterus which is much hypertrophied may require even a longer tent than one of three inches to open it thoroughly.

The dilatation completed, you have next to introduce your finger into the cavity so as to touch the fundus, and for this purpose you will probably require to hold or pull down the cervix with a vulsella, upon your finger, in the same way as you pull a glove on a finger. In one case, which I read to you in a former lecture, we could not, in this way, arrive at a diagnosis, because the finger was not long enough to reach a mucous polypus, which was discovered only after the death of the patient, that took place from another disease altogether. In that case the cervix uteri was pulled down upon the finger as far as was possible, and yet the polypus was not reached. The uterus from os tinæ to fundus was four inches and a half long. Had it been a matter of extreme urgency to complete the diagnosis, the only way open to us would have been to push the fundus uteri down on the finger from above, as in bimanual examination. In this manner I might have managed a case in which it was of importance to complete the examination. This method was not successful in the case just referred to.

Treatment. I recommend you to trust in "avulsion." Do not first separate the tumor and then take it off, but use avulsion, doing the two parts of the operation simultaneously. In the great majority of cases nothing else is required. You seize the little tumor with a vulsella, and with a slight amount of rotation pull it out. It is, if a fibroid, enucleated by the violence. Of course, if it is a fibroid and already partially enucleated, it comes away with no difficulty; but even if it is covered by a thin capsule, by seizing it you can get it away without much trouble. If you should require any cutting, I recommend you to use a pair of curved scissors, though this is very seldom necessary in the case of a fibroid. In the case of a soft mucous tumor which is not a polypus the process of removal resolves itself, involuntarily on your part, into one of torsion and pulling away. You seize the tumor with a pair of uterine dressing forceps and pull it off just as you would pull off a nasal polypus. In both sets of cases the process is essentially one of avulsion. In the case of adherent placental masses you peel off with your nail or with the tip of your finger.

I have never resorted to any means other than those above mentioned. Were I to do so I should throw a wire around the neck of the tumor and burn it off with a galvano-caustic apparatus. I have no particular objection to the *écraseur*, but I think the other a much nicer operation, and by it you have security against bleeding if you do not cut off the growth too quickly.

Formerly the treatment was to ligature the neck

of the tumor and gradually to tighten, strangle, and separate it, all for fear of bleeding, which was expected from quick severing, of the connections of uterus and tumor.

Bleeding is, for the most part, a mere bugbear; for nearly in every case there is none. It is chiefly in the case of mucous membrane growths that there is danger of hemorrhage, which may probably be diminished, however, by giving ergot before the operation. If it should occur it may be stopped by a plug, which is a most valuable means of arresting hemorrhage. This process of plugging you must see for yourselves, for it does not so well admit of description as to entice me to go on to give you an account of it in the present lecture.

You may cut through the body of a fibroid and leave a bit in the uterus without necessarily having important hemorrhage. But this is an undesirable proceeding. At present we have a case in "Martha," where after two years and a half, the stem of a fibroid partially amputated by one of my predecessors, is still to be seen, dirty and grayish-black, and discharging a brown fluid, but otherwise giving no annoyance. The only case nearly resembling those under discussion, where we have had serious bleeding, was where the tumor was a muscular outgrowth, not a fibroid. It was attached high in the cervix; there was no neck. We cut through the tumor, and the woman bled severely, but the plug was efficient in arresting the hemorrhage even in that case. This kind of tumor has no capsule like a fibroid. It is a continuous outgrowth of the proper uterine tissue.—*Condensed from the Medical Times and Gazette.—Medical News.*

DISEASE OF THE AREOLA PRECEDING CANCER OF THE MAMMARY GLAND.

In describing the disease, Sir James Paget says, *St. Bartholomew's Hospital Reports*, for 1874. "The patients were all women, various in age from forty to sixty or more years, having in common nothing remarkable but their disease. In all of them the disease began as an eruption of the nipple and areola. In the majority it had the appearance of a florid, intensely red, raw surface, very finely granular, as if nearly the whole thickness of the epidermis were removed; like the surface of very acute diffuse eczema, or like that of an acute balanitis. From such a surface, on the whole or greater part of the nipple and areola, there was always copious, clear, yellowish viscid exudation. The sensations were commonly tingling, itching, and burning, but the malady was never attended by disturbance of the general health. I have not seen this form of eruption extend beyond the areola, and only once have seen it pass into a deeper ulceration of the skin after the manner of a

rodent ulcer." . . . "In some of the cases the eruption has presented the characters of an ordinary chronic eczema . . . in some it has been like psoriasis. . . . I am not aware that in any of the cases which I have seen the eruption was different from what may be described as long persistent eczema or psoriasis; . . . and I believe that such cases sometimes occur on the breast, and after many months' duration are cured, or passed by, and are followed by any other disease. But it has happened that in every case which I have been able to watch, cancer of the mammary gland has followed within at the most two years, and usually within one year."

"The formation of cancer has not in any case taken place in the diseased part of the skin. It has always been in the substance of the mammary gland, beneath or not far from the diseased skin, and always with a clear interval of apparently healthy tissue."

It is an old-established doctrine that long persistent irritation will give rise to cancer in organs which are primarily subject to this disease; but the cancer so set up has, we believe, always been superficial, and in direct continuity with the tissues so irritated. Sir James Paget is the first authority to draw attention to chronic skin disease as a forerunner of breast cancer, but, "with a clear interval of apparently healthy tissue." Other observers, notably Mr. Butlin, Dr. Thin, and Mr. Morris, have since published observations on this highly important subject. The discussions on these papers have called forth, as was to be expected, conflicting opinions; but the main fact seems to be undisputed, that in a certain number of cases cancer of the breast and chronic disease of the skin over it are associated together. This exact relationship has, it seems to us, yet to be worked out; for it would seem to differ from ichthyosis linguae and balanitis in their relations to cancer in one very important point—that whereas these latter conditions gradually merge into the cancer and are *ab initio* continuous with it, in the case of eczema of the nipple there is between it and the cancer of the mammary gland "a clear interval of apparently healthy tissue." It would be obviously unwise to shut our eyes to this association, or argue that it is an event of very rare occurrence. It is, indeed, just under these circumstances that such a cause might be overlooked: while it is, nevertheless, well to be armed at all points when we are dealing with such a dangerous and insidious disease as cancer.—*Med. Times and Gaz.*

CAVITY OF THE LUNG TREATED BY PARACENTESIS.

Dr. R. Douglas Powell and Dr. R. W. Lyell, contributed a paper on a case of basic cavity of

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| { Strychnia, 1-40 gr. } | | | CHINIDINE, 3 grs. | 75 | 3 50 |
| { Ext. Belladonnae, Pulv. Ipecacuanhae, aa 1-10 gr. } | | | CHINIDINE, POWDERED, PURIFIED, 1 gr. | 60 | 2 75 |
| { Pil. Hydrarg., Ext. Colocy. Co., pulv., aa 2 grs. } | | | CHINIDINE, POWDERED, PURIFIED, 2 grs. | 75 | 3 50 |
| ANTI-PRURITIC, 1 00 | 4 75 | | CHINIDINE, POWDERED, PURIFIED, 3 grs. | 1 00 | 4 75 |
| { Cinchonid. Sulph., 1 gr. } | | | CHINIDINE, POWDERED, PURIFIED, 5 grs. | 1 50 | 7 25 |
| { Ferri Sulph., Exsic., 1-2 gr. } | | | CINCHONA BARK ALKALOIDS, See Quinine List. | | |
| { Res. Podophylli, Gelsemin, aa, 1-20 gr. } | | | CINCHONIA (ALKALOID), See Quinine List. | | |
| { Strychnis Sulph., 1-32 gr. } | | | CINCHONIA, SULPHATE, See Quinine List. | | |
| { Oleoresina Capsici, 1-10 gr. } | | | CINCHONIDA, SULPHATE, See Quinine List. | | |
| APERIENT, 1 00 | 4 75 | | COCA EXTRACT, 1 gr. | 65 | 3 00 |
| { Ext. Nucis Vom., 1-3 gr. } | | | COCA EXTRACT, 2 grs. | 95 | 4 50 |
| { Ext. Hyoscyami, 1-2 gr. } | | | COCA EXTRACT, 3 grs. | 1 25 | 6 00 |
| { Ext. Coloc. Comp., 2 grs. } | | | CODEIA, 1-16 gr. | 1 75 | 8 50 |
| APHRODISIAC, 1 85 | 9 00 | | CODEIA, 1-5 gr. | 2 50 | 12 25 |
| { Ext. Terebin Aphrodisiaca, 2 grs. } | | | CODEIA, 1-2 gr. | 3 50 | 17 25 |
| { Phosphorus, 1-100 gr. } | | | COLOCYNTH COMP. EXTRACT, 3 grs. | 1 00 | 4 75 |
| { Ext. Nucis Vomicae, 1-3 gr. } | | | COLOCYNTH. IPECAC AND BLUE. | 1 00 | 4 75 |
| ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 gr. | 50 | 2 25 | { Pil. Hydrarg., Ext. Coloc. Comp., pulv., aa 2 grs. } | | |
| ASSAETIDA, 2 grs. | 50 | 2 25 | { Pulv. Ipecacuanhae, 1-6 gr. } | | |
| { Assaetida, 1 1-2 grs., Pulv. Saponis, 1-2 gr. } | | | COOK'S, 3 grs. | 60 | 2 75 |
| ASSAETIDA, U. S., 3 grs. | 50 | 2 25 | { Pulv. Rhei, Pulv. Aloes Soc., aa, 1 gr. } | | |
| { Assaetida, 3 grs., Pulv. Saponis, 1-2 gr. } | | | { Hydrarg., Chlor., Mite, 3-4 gr. } | | |
| ASSAETIDA COMPOUND, 3 grs. | 50 | 2 25 | { Pulv. Saponis, 1-4 gr. } | | |
| { Assaetida, 2 grs. } | | | COPAIBA, 3 grs. | 75 | 3 50 |
| { Ferri Sulph., Exsic., 1 gr. } | | | COPAIBA AND OLEO-RESIN CUBEB, 3 grs. | 75 | 3 50 |
| ASSAETIDA AND NUX VOMICA, 75 | 3 50 | | { Pil. Copaiba, 2 grs. } | | |
| { Assaetida, 3 grs. } | | | { Oleo-Resina Cubebae, 1 gr. } | | |
| { Ext. Nucis Vom., 1-4 gr. } | | | COPAIBA AND OLEO-RESIN CUBEB, 5 grs. | 1 25 | 6 00 |
| ATROPIA, 1-120 gr. | 75 | 3 50 | { Pil. Copaiba, 3 grs. } | | |
| ATROPIA, 1-60 gr. | 1 00 | 4 75 | { Oleo-Resina Cubebae, 2 grs. } | | |
| BELLADONNA EXTRACT, 1-20, 1-8, 1-4, 1-2 gr. | 50 | 2 25 | COROSIVE SUBIMATE, 1-100, 1-10, 1-30 & | 50 | 2 25 |
| BISMUTH SUBSTRATE, 3 grs. | 1 00 | 4 75 | CROTON OIL, 1-2 gr. | 1 00 | 4 75 |
| BISMUTH SUBSTRATE, 5 grs. | 1 50 | 7 25 | DAMIANA EXTRACT, 3 grs. | 1 25 | 6 00 |
| BLUE PILL, U. S., 1-2, 1 and 3 grs. | 60 | 2 75 | DANDELION EXTRACT, 3 grs. | 60 | 2 75 |
| BLUE PILL, U. S., 3 grs. | 50 | 2 25 | DIGITALIA, PURE, 1-60 gr. | 75 | 3 50 |
| BLUE PILL COMPOUND, 75 | 3 50 | | DINNER (CHAMMAN'S), 4 grs. | 60 | 2 75 |
| { Pil. Hydrarg., 1 gr., Pulv. Opii, 1-2 gr. } | | | { Pulv. Aloes Soc., Pulv. Masticeae, aa 1 1-2 gr. } | | |
| { Pulv. Ipecac., 1-4 gr. } | | | { Pulv. Ipecacuanhae, 1 gr., Ol. Fenchuli, 1 gr. } | | |
| CAFFEINA, CITRATE, 1 gr. | 3 75 | 18 75 | | | |

BE CAREFUL TO SPECIFY MCKESSON & ROBBINS'.

MCKESSON & ROBBINS' GELATINE-COATED PILLS.—PRICE LIST CONTINUED.

| | Bottles 100 pills | Bottles 500 pills | | Bottles 100 pills | Bottles 500 pills |
|---|----------------------|----------------------|--|----------------------|----------------------|
| DINNER (COLE'S). | 60 | 2 75 | PEPSIN, BISMUTH AND STRYCHNINE. 5 grs. | 1 75 | 8 50 |
| { Pil. Hydrarg., Pulv. Aloes Soc. aa, 1-5 grs. } | | | { Pepsin, Bismuth Subnit., aa, 2-3 grs. } | | |
| { Pulv. Jalapae, 1-5 grs. } | | | { Strychnia, 1-60 gr. } | | |
| { Ant. of Pot. Tart., 1-50 gr. } | | | PHOSPHATES IRON, QUININE & STRYCHNINE; | | |
| DINNER (LADY WEBSTER'S), | 60 | 2 75 | See Quinine list. | | |
| { Pulv. Aloes Soc., 1-4-5 grs. } | | | PHOSPHORUS IRON, QUININE & STRYCHNINE; | | |
| { Pulv. Mastiches, Pulv. Rose Galicæ, aa, 3-5 gr. } | | | See Quinine list. | | |
| ELATERIUM (CLUTTERBUCK'S), 1-10 gr. | 1 00 | 4 75 | PHOSPHORUS COMPOUND, No. 1. | 1 00 | 4 75 |
| EMERSON'S | 1 35 | 6 50 | { Phosphorus, 1-100 gr. } | 1 25 | 6 00 |
| { Ergotin, Extract. Helleb. Niger, aa 1 gr. } | | | { Ext. Nucis Vomice, 1-4 gr. } | | |
| { Ferri Sulph. Exsic., Pulv. Aloes Soc., aa 1 gr. } | | | PHOSPHORUS COMPOUND, No. 2. | | |
| { Ol. Sabinæ, 1-4 gr. } | | | { Phosphorus, 1-50 gr. } | | |
| ERGOTIN (Each pill—30 grs. Ergot), 2 grs. | 2 00 | 9 75 | { Ext. Nucis Vomice, 1-4 gr. } | | |
| ECALAPYTI EXTRACT, 2 grs. | 1 95 | 4 50 | PHOSPHORUS COMPOUND, No. 3. | 1 25 | 6 00 |
| FERRUGINOUS (BLAUD'S), 2 and 5 grs. | 1 00 | 4 75 | { Phosphorus, 1-50 gr. } | | |
| { Ferri Sulphas, 1-2 gr. } | | | { Ext. Nucis Vomice, 1-8 gr. } | | |
| { Potassæ Carb., P. Æ. | | | PHOSPHORUS COMPOUND AND IROX. | 1 25 | 6 00 |
| FUCUS VESICULOSUS EXTRACT, 3 grs. | 1 00 | 4 75 | { Phosphorus, 1-100 gr. } | | |
| GENSHEIM EXTRACT, 1 gr. | 75 | 3 50 | { Ferri Phosphas, 1-2 gr. } | | |
| GONORRHOEA, 3 grs. | 60 | 2 75 | { Ext. Nucis Vomice, 1-8 gr. } | 1 25 | 6 00 |
| { Cubebe, pulv., 2 grs. } | | | PHOSPHORUS AND QUININE COMPOUNDS; See | | |
| { Ferri Cupabæ, 1 gr. } | | | Quinine list. | | |
| { Ferri Sulph. Exsic., 1-2 gr. } | | | PHOSPHORUS AND EXTRACT ACONITE. | 1 25 | 6 00 |
| { Terobanth., Venet., 1-1-2 grs. } | | | { Phosphorus, 1-50 gr. } | | |
| GRINDELLA ROBERTA EXTRACT, 3 grs. | 1 00 | 4 75 | { Ext. Aconiti Alc., 1-16 gr. } | | |
| GUARANA EXTRACT (PAULLINIA), 2 grs. | 2 00 | 9 75 | PHOSPHORUS AND EXT. CANNABIS INDICA. | 1 25 | 6 00 |
| HEBANE EXTRACT, 1 gr. | 60 | 2 75 | { Phosphorus, 1-50 gr. } | | |
| HEPATIC, 1 00 | 4 75 | | { Ext. Cannab. Ind., 1-4 gr. } | | |
| { Pil. Hydrarg., 3 grs. Ext. Bellad., 1-4 gr. } | | | PHOSPHORUS AND IRON | 1 25 | 6 00 |
| { Ext. Colocynthis Comp., 2 grs. } | | | { Phosphorus, 1-50 gr. } | | |
| HOOPER'S | 50 | 2 25 | { Ferrum Reductum, 2 grs. } | | |
| "HOSPITAL QUININE," see Quinine list. | | | PHOSPHORUS AND STRYCHNIA. | 1 25 | 6 00 |
| HYDRASTIA (WHITE ALKALOID), 1-2 gr. | 2 50 | 12 25 | { Phosphorus, 1-30 gr., Strychnia, 1-60 gr. } | | |
| HYDRASTIA (WHITE ALKALOID), 1 gr. | 4 00 | 19 75 | PHOSPHORUS, DIGITALIS & EXT. HYOSCYAMUS | 1 25 | 6 00 |
| HYDRASTIN AND PODOPHYLLIN, 1 00 | 4 75 | | { Phosphorus, 1-50 gr. } | | |
| { Hydrastis Phosphas., 1-4 gr. } | | | { Pulv. Digitalis, 1 gr. } | | |
| { Podophyllin, 1-20 gr. } | | | { Ext. Hyoscyami, 1 gr. } | 1 25 | 6 00 |
| HYOSCYAMIA (ALKALOID), 1-50 gr. | 5 00 | 24 75 | PHOSPHORUS, EXT. NUX VOM. & EXT. ALOES. | 1 25 | 6 00 |
| HYOSCYAMINE (RESINOID), 1-4 gr. | 1 00 | 4 75 | { Phosphorus, 1-50 gr. } | | |
| HYPOPHOSPHITES, COMPOUND, 1 50 | 7 25 | | { Ext. Nucis Vomice, 1-4 gr. } | | |
| { Calcii Hypophos., 1 gr. } | | | { Ext. Aloes Soc., 1-2 gr. } | | |
| { Sodii Hypophos., 3-4 gr. } | | | PHOSPHORUS, EXT. NUX VOM. & CARB. IRON. | 1 25 | 6 00 |
| { Potassii " 1-2 gr. } | | | { Phosphorus, 1-50 gr. } | | |
| { Ferri " 1-4 gr. } | | | { Ext. Nucis Vomice, 1-4 gr. } | | |
| IODOFORM, 1 gr. | 1 25 | 6 00 | { Ferri Carb., 1 gr. } | | |
| IODOFORM AND IRON, 2 grs. | 1 55 | 7 50 | PHOSPHORUS, IRON AND ALOES. | 1 25 | 6 00 |
| Iodoform | | | { Phosphorus, 1-50 gr. } | | |
| { Ferri Redact., P. Æ. | | | { Ferri Sulph. Exsic., 1-1-2 grs. } | | |
| IPECAC AND OPIUM (DOVER, U. S.), 2 1-2 grs. | 60 | 2 75 | { Ext. Aloes Soc., 1-2 gr. } | | |
| IPECAC AND OPIUM (DOVER, U. S.), 5 grs. | 1 00 | 4 75 | PHOSPHORUS, RHOPIA AND VALER. ZINC. | 1 75 | 8 50 |
| IRON BY HYDROGEN (QUEVENNE'S), 1 gr. | 5 00 | 2 25 | { Phosphorus, 1-50 gr. } | | |
| IRON BY HYDROGEN (QUEVENNE'S), 2 & 4 grs. | 75 | 3 50 | { Morphie Sulph., 1-12 gr. } | | |
| IRON, "BLAUD'S," See Ferruginous. | | | { Zinc Valerianæ, 1 gr. } | | |
| IRON, BROMIDE, 3 grs. | 1 50 | 7 25 | PHOSPHORUS, NUX VOMICA & CANTHARIDES. | 1 25 | 6 50 |
| IRON, CITRATE & CINCHONIDA, Quinine list. | | | { Phosphorus, 1-50 gr. } | | |
| IRON, CITRATE AND QUININE, see Quinine list. | | | { Pulv. Nucis Vomice, 1 gr. } | | |
| IRON, CITRATE & STRYCHNINE, 75 | 3 50 | | { Tinct. Canthar. Conc., 1 minim. } | | |
| { Ferri Citras., 1 gr., Strychnia, 1-50 gr. } | | | PHOSPHORUS, SULPH. ZINC AND LUPULIN. | 1 25 | 6 50 |
| IRON, DIALYSED (SCALES), 2 grs. | 1 50 | 7 55 | { Phosphorus, 1-50 gr. } | | |
| IRON, FERROCYANIDE, 3 grs. | 60 | 2 75 | { Zinc Sulphas, 1 gr. } | | |
| IRON, IODIDE OF (Bisnard's Form.), 1 gr. | 75 | 3 50 | { Lupulin, 1 gr. } | | |
| IRON, LACTATE, 1 gr. | 60 | 2 75 | PIPERIN COMPOUND, 75 | 3 50 | |
| IRON, PHOSPHATE AND STRYCHNINE, 1 00 | 4 75 | | { Piperin, 1-4 gr. } | | |
| { Ferri Phosphas., 1-2 grs. } | | | { Hydr. Chlor. Mite., 1-4 gr. } | | |
| { Strychnia pulv., 1-60 gr. } | | | PLUMBI (see Calomel Compound), 60 | 2 75 | |
| IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs. | 50 | 2 25 | PODOPHYLLIN, 1-20, 1-8 and 1-4 gr. | 60 | 2 25 |
| IRON, PROTO-CARB. (VALLET'S MASS), 5 grs. | 1 25 | 6 00 | PODOPHYLLIN, 1-2 and 1 gr. | 60 | 2 75 |
| IRON, VALETERIAN (QUEVENNE'S), 1 gr. | 1 25 | 6 00 | PODOPHYLLIN AND BLUE, 1 00 | 4 75 | |
| JABOHANDI EXTRACT, 1 50 | 7 25 | | { Podophyllin, 1-2 gr. } | | |
| LAXATIVE (COLE'S), 60 | 2 75 | | { Pil. Hydrarg., 2 1-2 grs. } | | |
| { Res. Podophylli, 1-10 gr. } | | | PODOPHYLLIN AND LEPTANDRIN, 1 00 | 4 75 | |
| { Hydrarg. Chlor. Mite., 1 gr. } | | | { Podophyllin, 1-2 gr. } | | |
| { Ext. Colocy. Comp. Pulv., 3 grs. } | | | { Leptandrin, 1 gr. } | | |
| LEPTANDRIN, 1-4 gr. | 60 | 2 75 | PODOPHYLLIN, CAPSICUM AND BELLADONNA, 1 00 | 4 75 | |
| LEPTANDRIN, 1-2 and 1 gr. | 70 | 3 25 | { Podophyllin, 1-4 gr. } | | |
| LIME, LACTO-PHOSPHATE, 5 grs. | 2 00 | 9 75 | { Ext. Bellad. Alc., 1-8 gr. } | | |
| LUPULIN, 3 grs. | 50 | 2 25 | { Pulv. Capsici, 1-2 gr. } | | |
| MERCURY, BIX-IODIDE, 1-40, 1-25 & 1-16 gr. | 50 | 2 25 | PODOPHYLLIN, COLOC. HEBANE & CALOMEL, 1 00 | 4 75 | |
| MERCURY, CYANIDE, 5 grs. | 50 | 2 25 | { Res. Podophylli, 1-4 gr. } | | |
| MERCURY, PROTO-IODIDE, 1-5, 1-4 & 1-2 gr. | 50 | 2 25 | { Ext. Col Comp. Pulv., 1 gr. } | | |
| MORPHINE, ACETATE, 1-8 gr. | 75 | 3 50 | { Ext. Hyoscyami, 1-4 gr. } | | |
| MORPHINE, ACETATE, 1-4 gr. | 1 00 | 4 75 | { Hydrarg. Chlor. Mite., 1 gr. } | | |
| MORPHINE, BROMATE, 1-8 gr. | 75 | 3 50 | PODOPHYLLIN COMPOUND, 1 00 | 4 75 | |
| MORPHINE, SULPHATE, 1-16, 1-10 & 1-8 gr. | 75 | 3 50 | { Podophyllin, 1-2 gr. } | | |
| MORPHINE, SULPHATE, 1-6 gr. | 80 | 3 75 | { Ext. Hyoscyami, 1-8 gr. } | | |
| MORPHINE, SULPHATE, 1-4 gr. | 4 75 | | { Ext. Nucis Vomice, 1-16 gr. } | | |
| MORPHINE, VALERIANATE, 1-8 gr. | 1 25 | 6 00 | PODOPHYLLIN COMPOUND (ELECTIC), 1 00 | 4 75 | |
| NEURALGIA (BROWN-SEQUARD), 2 10 | 9 75 | | { Podophyllin, 1-8 gr. } | | |
| { Ext. Hyoscyami, 2-3 gr. } | | | { Leptandrin, Juglandin, aa, 1-16 gr. } | | |
| { Comit., 2-3 gr. } | | | { Macrotin, 1-22 gr., Ol. Capsici, 1 gr. } | | |
| { Ignatii Amare, 1-2 gr. } | | | PODOPHYLLIN, EXT. COLOC. & BELLADONNA, 1 00 | 4 75 | |
| { Opii, 1-2 gr. } | | | { Podophyllin, 1-2 gr. } | | |
| { Aconiti, 1-3 gr. } | | | { Ext. Coloc. Comp., 2 grs. } | | |
| { Cannab. Indicæ, 1-4 gr. } | | | { Ext. Bellad., 1-4 gr. } | | |
| { Stramonii, 1-5 gr. } | | | POKE ROOT COMPOUND, 1 00 | 4 75 | |
| { Belladonnae, 1-6 gr. } | | | { Ext. Phytolacæ, Alc., 2 grs. } | | |
| NEURALGIA (BROWN-SEQUARD), as above, 2 90 | 9 75 | | { Ext. Stillingie, " 1 gr. } | | |
| without Ext. Ignatii. | | | { Ext. Stramonii, " 1-8 gr. } | | |
| NEURALGIA (DR. GROSS); See Quinine list. | | | POTASSIUM, BROMIDE, 2 grs. | 1 00 | 4 75 |
| NUX VOMICA EXTRACT, 1-4 and 1-2 gr. | 50 | 2 25 | POTASSIUM, BROMIDE, 5 grs. | 1 50 | 7 25 |
| OPIUM, U. S., 1-4 gr. | 75 | 3 50 | QUINIDIA SULPHATE, See Quinine list. | | |
| OPIUM EXTRACT, 1-4 gr. | 75 | 3 50 | QUININE, BISULPHATE, SULPHATE AND COM- | | |
| OPIUM EXTRACT, 1-2 gr. | 1 00 | 4 75 | POUNDS OF QUININE, see Quinine list. | | |
| OPIUM EXTRACT, 1 gr. | 1 50 | 7 25 | QUININE, CARBOLATE, see Quinine list. | | |
| OPIUM AND ACETATE OF LEAD, No. 1, 3 grs. | 75 | 3 50 | QUININE, SALICYLATE, see Quinine list. | | |
| { Opii Pulv., Plumbi Acet., aa 1 gr. } | | | QUININE, SULPHO-CARBOLATE, see Quinine list. | | |
| OPIUM AND ACETATE OF LEAD, No. 2, 2 grs. | 60 | 2 75 | QUININE, VALERIANATE, see Quinine list. | | |
| { Opii Pulv., 1-2 gr., Plumbi Acet., 1-1-2 grs. } | | | RHEUMATISM, 1 25 | 6 00 | |
| OPIUM AND CAMPHOR, 3 grs. | 75 | 3 50 | { Ext. Coloc. Comp., 1-1-2 grs. } | | |
| { Opii Pulv., 1 gr., Camphora, 2 grs. } | | | { Ext. Colch. Acet., 1 gr. } | | |
| OX GALL, 1 gr. | 60 | 2 75 | { Ext. Hyoscyami, 1-3 gr. } | | |
| { Fel Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr. } | | | { Hydr. Chlor. Mite., 1-3 gr. } | | |
| PEPSIN, 5 grs. | 1 00 | 4 75 | RHEUMATISM, U. S., 75 | 3 50 | |
| PEPSIN, (PURE CONCENTRATED) 1 00 | 4 75 | | RHEUMATISM COMPOUND, U. S., 75 | 3 50 | |
| { Equal to 5 grs. Saccharated Pepsin. } | | | RHEUMATISM COMPOUND AND CALOMEL, 75 | 3 50 | |
| PEPSIN AND BISMUTH, 5 grs. | 1 50 | 7 25 | { Pil. Rhei. Comp., 1-1-2 gr. } | | |
| { Pepsin, Bismuth Subnit., 3 grs. } | | | { Hydrarg. Chlor. Mite., 1 gr. } | | |
| | | | SALICIN, 2 1-2 grs. | 1 25 | 6 00 |

BE CAREFUL TO SPECIFY MCKESSON & ROBBINS'.

MCKESSON & ROBBINS' GELATINE-COATED PILLS.—PRICE LIST CONTINUED.

| | | Bottles 100 Pills | Bottles 500 Pills | | Bottles 100 pills | Bottles 500 pills |
|---|-------------------|----------------------|----------------------|---|-------------------------|----------------------|
| SALICIN. | | 2 00 | 9 75 | SUMBL. EXTRACT. | 1 gr. | 3 00 14 75 |
| SALICYLIC ACID. | 2 5 grs. | 75 | 3 50 | SUPHITIC (RICORD'S, MODIFIED). | | 1 50 7 25 |
| SALICYLIC ACID. | 5 grs. | 1 25 | 6 00 | { Hydr. Iodidum Vir. 1-2 gr. | | |
| SALICYLIC ACID WITH MORPHINE. | | 1 25 | 6 00 | { Lactucarium, 1-2 gr. | | |
| { Acid. Salicylicum, 2-12 grs. } | | | | { Ext. Opii, 1-10 gr. | | |
| { Morphie Sulphas, 1-12 gr. } | | | | { Ext. Cloete, 1-12 grs. } | | |
| SALICYLIC ACID WITH MORPHINE. | | 2 00 | 9 75 | TARTAR EMETIC. | 1-100, 1-20 and 1-4 gr. | 50 2 25 |
| { Acid. Salicylicum, 5 grs. } | | | | TONIC (DR. AIKEN'S). See Quinine List. | | |
| { Morphie Sulphas, 1-8 gr. } | | | | TRIPLEX. | | 1 00 4 75 |
| SANDAL WOOD EXTRACT (McK. & R.). | 1 gr. | 2 00 | 9 75 | { Ext. Aloes, 2 grs. Pil. Hydrarg., 1 gr. } | | |
| SANDAL WOOD EXTRACT. | 2 grs. | 3 00 | 14 75 | { Podophyllum, 1-4 gr. } | | |
| SANTONIN. | 1 gr. | 1 00 | 4 75 | TRIPLEX (DR. FRANCIS). | | 1 00 4 75 |
| SANTONIN AND CLOMEL. | | 1 25 | 6 00 | { Pulv. Aloes Soc. Pil. Hydrarg. } | | |
| { Santonin, Hydrarg. Chlor. Mite, aa, 1-2 gr. } | | | | { Pulv. Scammonii, Ol. Tiglii, } | | |
| { Theobroma Cacao, } | | | | { Pulv. Microc. Ol. Carat. } | | |
| SQTILL COMPOUND, U. S. | | 60 | 2 75 | VALERIAN EXTRACT, | 3 grs. | 1 00 4 75 |
| STRYCHNINE, 1-100, 1-60, 1-40 & 1-30 gr. | | 1 00 | 2 25 | ZINC OXIDE. | 1-2 gr. | 60 2 75 |
| STRYCHNINE COMPOUND. | | 1 00 | 4 75 | ZINC PHOSPHIDE. | 1-6 and 1-4 gr. | 75 3 50 |
| { Strychnia, 1-100 gr. } | | | | ZINC PHOSPHIDE & EXT. NUX VOMICA. | 1-2 gr. | 1 00 4 75 |
| { Phosphorus, 1-100 gr. } | | | | { Zinc Phosphidum, 1-10 gr. } | | |
| { Ext. Cannab. Indic., 1-16 gr. } | | | | { Ext. Nucis Vomice, 1-4 gr. } | | |
| { Ginseng, 1 gr. } | | | | ZINC VALERIANATE. | 1 gr. | 95 4 50 |
| { Ferri Carb., 1 gr. } | | | | | | |
| SULPHUR IODIDE. | 1-25 and 1-10 gr. | 50 | 2 25 | | | |

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of first price, whenever it is impossible to obtain McKesson & Robbins' at your Druggist's.
Private formulas of 3,000, or over, made and coated to order.

| | | Bottles 100 pills | Bottles 500 pills | | Bottles 100 pills | Bottles 500 pills |
|--|-----------|----------------------|----------------------|---|----------------------|----------------------|
| CINCHONA BARK ALKALOIDS. | | 1 90 | 9 25 | QUININE SULPHATE. | 1 gr. | 1 80 8 75 |
| { Quinine Sulph., 1-2 gr. } | | | | QUININE SULPHATE. | 1 1-2 grs. | 2 80 12 75 |
| { Quinine Sulph., 1-2 gr. } | | | | QUININE SULPHATE. | 2 grs. | 3 45 17 50 |
| { Cinchonide Sulph., 1-2 gr. } | | | | QUININE SULPHATE. | 3 grs. | 5 15 25 50 |
| CINCHONA SULPHATE. | 3 grs. | 95 | 4 75 | QUININE SULPHATE. | 4 grs. | 6 90 34 25 |
| CINCHONIA SULPHATE. | 5 grs. | 1 25 | 6 50 | QUININE SULPHATE. | 5 grs. | 8 60 42 75 |
| CINCHONIA (ALKALOID). | 1 gr. | 95 | 4 50 | QUININE SULPHATE. | 6 grs. | 10 35 53 50 |
| CINCHONIA (ALKALOID). | 2 grs. | 1 50 | 7 50 | QUININE SULPHATE. | 7 grs. | 12 10 62 25 |
| CINCHONIA SULPHATE. | 3 grs. | 2 05 | 10 00 | QUININE SULPHATE. | 8 grs. | 13 85 71 50 |
| CINCHONIA SULPHATE. | 1 gr. | 80 | 3 75 | QUININE SULPHATE. | 9 grs. | 15 60 80 25 |
| CINCHONIA SULPHATE. | 2 grs. | 1 35 | 6 50 | QUININE SULPHATE. | 10 grs. | 17 35 89 50 |
| CINCHONIA SULPHATE. | 3 grs. | 2 00 | 9 75 | QUININE AND ALOES. | 1-2 gr. | 1 80 9 25 |
| CINCHONIA SULPHATE. | 4 grs. | 2 50 | 12 25 | { Quinine Sulphas, 3-4 gr. } | | |
| CINCHONIA SULPHATE. | 5 grs. | 3 00 | 14 75 | { Pulv. Aloes Soc., 1-4 gr. } | | |
| "HOSPITAL QUININE." | 1 1/2 gr. | 75 | 3 50 | QUININE AND ARSENIC. | | 1 90 9 25 |
| "HOSPITAL QUININE." | 1-2 gr. | 80 | 3 75 | { Quinine Sulphas, 1 gr. } | | |
| "HOSPITAL QUININE." | 1 gr. | 1 25 | 6 00 | { Acid. Arseniosum, 1-30 gr. } | | |
| "HOSPITAL QUININE." | 1 1/2 gr. | 1 95 | 9 50 | QUININE AND CAPSICUM. | | 1 90 9 25 |
| "HOSPITAL QUININE." | 2 grs. | 2 50 | 12 25 | { Quinine Sulph., 1 gr. } | | |
| "HOSPITAL QUININE." | 3 grs. | 3 25 | 18 50 | { Pulv. Capsici, 1-4 gr. } | | |
| "HOSPITAL QUININE." | 4 grs. | 4 00 | 24 75 | QUININE AND IRON BY HYDROGEN. | | 1 90 9 25 |
| "HOSPITAL QUININE." | 5 grs. | 6 25 | 31 00 | { Quinine Sulphas, 1 gr. } | | |
| { Ferrum Reductum, 1 gr. } | | | | { Ferrum Reductum, 1 gr. } | | |
| The unbleached, crystallized, combined alkaloids of Cinchona bark, (Cinchona alone separated) containing fifty per cent. pure Quinine Sulph. | | | | QUININE AND IRON CARBOATE. | | 1 90 9 25 |
| IRON & CINCHONIA CITRATE. | 2 grs. | 75 | 3 50 | { Quinine Sulphas, 1 gr. Ferri Subcarb., 2 grs. } | | |
| IRON & QUININE CITRATE. | 3 grs. | 1 10 | 4 25 | QUININE AND IRON IODIDE. | | 1 25 6 50 |
| IRON & QUININE CITRATE. | 1 gr. | 95 | 4 50 | { Quinine Sulph., 1-2 gr. } | | |
| IRON & QUININE CITRATE. | 2 grs. | 1 35 | 6 50 | { Ferri Iodidum, 1 gr. } | | |
| IRON & QUININE CITRATE. | 3 grs. | 1 90 | 9 25 | QUININE AND STRYCHNINE. | | 1 90 9 25 |
| IRON, QUININE AND STRYCHNINE. | 3 grs. | 1 90 | 9 25 | { Quinine Sulphas, 1 gr. } | | |
| { Ferrum Reductum, 1 gr. } | | | | { Strychnia, 1-60 gr. } | | |
| { Quinine Sulphas, 1 gr. } | | | | QUININE, ARSENIC AND NUX VOMICA. | | 1 90 9 25 |
| { Strychnia, 1-60 gr. } | | | | { Quinine Sulphas, 1 gr. } | | |
| NEURALGIA, (DR. GROSS'S). | | 3 75 | 18 50 | { Acid. Arseniosum, 1-60 gr. } | | |
| { Quinine Sulphas, 2 grs. } | | | | { Ext. Nucis Vomice, 1-4 gr. } | | |
| { Morphie Sulphas, 1-20 gr. } | | | | QUININE COMPOUND. | | 1 90 9 25 |
| { Strychnia, 1-30 gr. } | | | | { Quinine Sulphas, 1 gr. } | | |
| { Acid. Arseniosum, 1-20 gr. } | | | | { Ferrum Reduct., 1 gr. } | | |
| { Ext. Aconit., 1-2 gr. } | | | | { Quinine Sulphas, 1-32 gr. } | | |
| NEURALGIA (GROSS), as above, without Morphine | | 3 50 | 17 25 | QUININE COMPOUND AND EXT. DANDELION. | | 2 25 11 00 |
| PHOSPHATE OF IRON, QUININE & STRYCHNINE. | | 1 90 | 9 25 | { Quinine Bi-Sulph., 1-14 grs. } | | |
| { Ferris Phosphas, 1 gr. } | | | | { Ferris Sulph., Essic., 2 grs. } | | |
| { Quinine Sulphas, 1 gr. } | | | | { Acid. Arseniosum, 1-24 gr. } | | |
| { Strychnia Phosphas, 1-2 gr. } | | | | { Extract Taraxaci, 1-4 grs. } | | |
| { Strychnia Phosphas, 1-60 gr. } | | | | QUININE COMPOUND AND STRYCHNINE. | | 1 90 9 25 |
| PHOSPHORUM AND QUININE. | | 2 25 | 11 00 | { Quinine Sulphas, 1 gr. } | | |
| { Phosphorus, 1-50 gr. } | | | | { Ferrum Reductum, 1 gr. } | | |
| PHOSPHORUS, IRON AND QUININE. | | 2 50 | 12 25 | { Strychnia, 1-20 gr. } | | |
| { Phosphorus, 1-100 gr. } | | | | { Acid. Arseniosum, 1-20 gr. } | | |
| { Ferri Carb. (Vallet's), 1 gr. } | | | | QUININE, IRON AND NUX VOMICA. | | 1 90 9 25 |
| { Quinine Sulph., 1 gr. } | | | | { Quinine Sulph., 1 gr. } | | |
| PHOSPHORUS, IRON, QUININE & NUX VOM. | | 2 50 | 12 25 | { Ferri Carb. (Vallet's), 2 grs. } | | |
| { Phosphorus, 1-100 gr. } | | | | { Ext. Nucis Vomice, 1-4 grs. } | | |
| { Ferri Carb. (Vallet's), 1 gr. } | | | | QUININE, PHOSPHORUS AND IRON. See Phosphorus, Iron, &c., above. | | |
| { Quinine Sulph., 1 gr. } | | | | QUININE, PHOSPHORUS AND NUX VOMICA. | | 2 50 12 25 |
| { Ext. Nucis Vomice, 1-2 gr. } | | | | { Quinine Sulphas, 1 gr. } | | |
| PHOSPHORUS, QUININE, IRON AND STRYCHNIA. | | 2 50 | 12 25 | { Phosphorus, 1-60 gr. } | | |
| { Phosphorus, 1-100 gr. Ferri Reduct., 1 gr. } | | | | { Ext. Nucis Vomice, 1-40 gr. } | | |
| { Quinine Sulph., 1-60 gr. Strychnia, 1-60 gr. } | | | | QUININE, PHOSPHORUS AND NUX VOMICA. | | 2 50 12 25 |
| QUINIDIA SULPHATE. | 1 gr. | 1 00 | 4 75 | { Quinine Sulphas, 1 gr. } | | |
| QUINIDIA SULPHATE. | 2 grs. | 1 90 | 9 25 | { Phosphorus, 1-60 gr. } | | |
| QUINIDIA SULPHATE. | 3 grs. | 2 50 | 12 25 | { Ext. Nucis Vomice, 1-4 gr. } | | |
| QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below. | | | | QUININE, QUASSIA AND NUX VOMICA. | | 2 25 11 00 |
| QUININE BROMIDE. | 1 gr. | 3 15 | 15 50 | { Quinine Sulph., 1 gr. } | | |
| QUININE BROMIDE. | 2 grs. | 4 50 | 22 25 | { Ext. Quassia, 1 gr. } | | |
| QUININE BROMIDE. | 3 grs. | 6 25 | 31 00 | { Ext. Nucis Vomice, 1-4 gr. } | | |
| QUININE CARBOATE. | 1 gr. | 3 15 | 15 50 | QUININE, QUASSIA AND NUX VOMICA. | | 2 25 11 00 |
| QUININE SALICYLATE. | 1 gr. | 3 15 | 15 50 | { Quinine Sulph., 1 gr. } | | |
| QUININE SULPHATE. | 1-4 gr. | 85 | 4 00 | { Ext. Quassia, 1 gr. } | | |
| QUININE SULPHATE. | 1 1/2 gr. | 1 05 | 5 00 | { Ext. Nucis Vomice, 1-4 gr. } | | |
| QUININE SULPHATE. | | | | TONIC (DR. AIKEN'S). | | 1 90 9 25 |
| | | | | { Quinine Sulph., 1 gr. } | | |
| | | | | { Acid. Arseniosum, 1-50 gr. } | | |
| | | | | { Ferrum Reductum, 2-3 gr. } | | |
| | | | | { Strychnia, 1-50 gr. } | | |

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| IODOFORM, IRON AND QUININE, No. 2. (Iodoformum, 1-2 gr., Ferri Protocarb., 1 gr.) (Quiniae Sulph., 1-4 gr.) | 3 15 | 15 50 |
| IODOFORM AND NUX VOMICA, (Iodoformum, 1 gr., Ext. Nucis Vomicae, 1-4 gr.) | 1 60 | 7 75 |
| IODOFORM, IRON AND NUX VOMICA, (Iodoformum, Ferri Redactum, aa. 1 gr.) (Ext. Nucis Vomicae, 1-4 gr.) | 1 60 | 7 75 |

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the lung treated by paracentesis. The case related was that of a man, aged forty-nine, of previous good health, but intemperate habits, who in December, 1878, had had bronchitis, followed in the ensuing February by pleuro-pneumonia and fetid expectoration. He improved after a time, but relapsed again in July, and in August was admitted into the Middlesex Hospital under Dr. Powell's care. On admission, the physical signs showed consolidation of the lower lobe of the right lung, with excavation of its central portion, the cavity signs being centred about the level of the seventh dorsal spine in the line of the angle of the scapula. There was considerable hectic, with diarrhoea and anorexia. The breath and expectoration were extremely fetid, the latter being muco-purulent in character, and very abundant, amounting to about one pint in the twenty-four hours. The area of excavation having been carefully marked out, the operation of paracentesis was performed by Mr. Lyell on September 11. A medium-sized aspiration-trocar was first thrust in at the eighth space mid-scapular line, and a free incision having been made through the tissues down to the intercostal membrane, the fine trocar was withdrawn and a full-sized hydrocele trocar inserted, which, after slightly enlarging the opening, was in its turn removed and a large drainage-tube introduced. Carbolic dressings were applied. A moderate quantity of secretion escaped from the wound (which gave rise to no serious bleeding), and the discharge subsequently from the tube, although free was never abundant. The expectoration and cough, however, at once almost entirely ceased. The wound was dressed daily under the carbolic spray, with a view of disinfecting it and the cavity, and injections of Condy's solution were used. On October 2 there was some return of fœtor of breath, that of the discharge from the tube having never been quite corrected. Some trouble was occasioned by the tube slipping out, its reintroduction being hindered by encroaching granulations, and the tube was felt to strike against some impediment deep in the lung. The channel was kept dilated, however, and the patient improved in strength, and on the 20th was transferred to the Brompton Hospital. Fœtor of sputa returned towards the end of the month, however, although the amount expectorated continued to be very scanty. The patient lost ground rapidly, and was finally seized with pleuro-pneumonia on the opposite side, of which he died on October 31, fifty days after the operation. The post-mortem examination revealed the presence of several inter-communicating cavities in the lower lobe of the right lung. This lobe was firmly adherent throughout, and a drainage-tube, passing through the eighth intercostal space, entered a contracted cavity, which was connected with the main cavity by a short dilated bronchus. This small cavity must have been

closely sub-pleural, and was the very lowest of the series, although at so high a level as the eighth space it was only separated from the diaphragm by one-eighth of an inch. It was evident that in contracting upon the tube the wall of the cavity had come in contact with and partially occluded its extremity. The rest of the lobe was densely consolidated by fibroid growth surrounding bronchiectatic cavities. There was broncho-pneumonia and effusion on the left side. The rest of the lungs were emphysematous. In their remarks upon the case the authors commented upon the infrequency with which the base of the lung had been tapped, and pointed out that the immediate cessation of cough and expectoration after operation in this case was a fact very encouraging to future interference with such cavities under more favourable circumstances, and also afforded a valuable hint respecting the importance of disinfecting lung-cavities. For it was clear from the small amount of the discharge, compared with the great previous quantity of expectoration, that the bulk of that expectoration had been yielded by the bronchi irritated by the acrid fluids and gases in their passage from the cavities. Whilst advocating the puncture of chronic basic cavities in suitable cases, the authors deprecated interference with apex cavities, on the ground of its being rarely necessary or useful, and are averse save in exceptional instances to making incisions into acute basic abscesses of the lung. In the present case, however, the operation had undoubtedly been postponed too long, the patient having come under observation too late. The diagnosis of the case from empyema was touched upon, and the several steps of the operation discussed; the use of a large trocar in preference to the knife being advocated. In future cases, too, the authors would prefer to choose the centre of the cavity rather than its lowest point for puncture, where it is situated in the posterior lobe of the lung.

Dr. Symes Thompson thought the operation advantageous in selected cases, but it did not suit where the disease was acute or where the pleura was not adherent. When the inflammation was of a gangrenous character, or where the patient's health was very bad, it might be performed, but not, he thought, until recovery by any other procedure was nearly hopeless. There would always be great difficulties as to diagnosis, for to be successful the putrid cavity must be near the surface, and these cases are not very numerous nor easy to make out.

Dr. Barlow said that no treatment of suppurating cavities could be satisfactory without good drainage. In the case narrated the opening was sinuous, and hence the drainage could not be very good. He would make a double opening as in empyema. It was easier to get the cavity cleaned out in this way. In empyema he fixed the tube by a thread round the body.

Dr. Silver called attention to the fact that the discussion was on tapping cavities of the lungs, not on empyema, and that wandering into that subject would be irrelevant.

Dr. Theodore Williams quite agreed that the discussion should be restricted to the subject of tapping pulmonary cavities, but that in every instance the nature of the case had to be considered. Thus the operation might be useful in certain forms of bronchiectasis, but these could not easily be reached. The removal of the putrid fluid was all-important, as the other lung might be poisoned by the inhalations. In one case he tapped a limited empyema, thinking it a bronchiectasis. In most cases of phthisis, the cavities, being in the upper part of the lung, drain themselves. He referred specially to a case where the President had operated for him to a very great advantage.

Dr. Reginald Thompson thought that the operation should really be considered as a means of preventing septic influences on the other lung, and should therefore be undertaken as soon as possible. There was often rapid breaking-down of one lung, and then the other became infiltrated by inhalation with its products.

Mr. Erichsen said that in these cases the great thing was drainage, and that antiseptics did little or no good. The patient was really poisoned by his own secretions. He would make a free opening and get rid of the foul material. In the case referred to by Dr. Theodore Williams the whole house was infected, and the smell could be perceived to the very door, yet when the collection of stuff was opened the whole fœtor rapidly disappeared. Care should always be exercised in the selection of a tube; they should be rigid, to obviate any risk of forming an acute angle. He had found a flat trocar with a vulcanite canula the best instruments to use, but if he had to do it again he would rather pass in a director, and then gradually tear with dressing forceps, than cut. Injection of fluid only seemed to irritate. In Dr. William's case an emphysema set in all over the body, and at each cough it could be seen to increase. This air, although intensely fœtid, produced no bad effects on the body.

Mr. Holmes, with regard to the last point, mentioned a case of emphysema connected with the rectum, but neither here was there any damage to the tissues from the foul air.

Dr. Powell, in reply, said there was a difficulty as to the time of the formation of the various cavities; perhaps one formed first, and the others were secondary. He did not favor the idea of a double opening. Only a small quantity of fluid was removed, yet the expectoration ceased at once, perhaps owing to cessation of the irritation to the bronchi.

Mr. Lyell said that in another case he would prefer a metal tube.—*Med. Times and Gazette.*

ON CURVED SPONGE-TENTS, IN THE TREATMENT OF UTERINE FLEXIONS

BY PROF. ELLERSLIE WALLACE, M.D., PHILADELPHIA.

CASE I. A woman who had presented the symptoms of "womb disease," as she called it, for twelve years, was found to have a uterus which measured by the sound $3\frac{3}{4}$ inches; it was universally hypertrophied to such a degree that I judged that the fundus uteri must have been not less than three-quarters of an inch in thickness; making the total length of the womb $4\frac{1}{2}$ inches. She had suffered under attacks of gall-stones for several years. The uterus was retroflexed, and pressed upon the rectum, producing hemorrhoids and very troublesome constipation. She moved with difficulty. She could neither walk nor ride without great distress in the pelvis and in the lower extremities. The uterus, while hypertrophied, was singularly insensitive, and appeared to be entirely devoid of any inflammatory condition of its lining membrane, so that I used four tents at intervals of twenty-four hours, leaving one in place until the next was to be inserted, each tent being somewhat larger than the preceding. By the action of those four tents her uterus was elevated, to my great surprise, to almost its normal position. I allowed her to rise from her bed on the sixth day after the introduction of the first tent. She was then able to walk about the house with great comfort; the pain of her hemorrhoids had ceased, and her bowels had acted naturally for two days, which had not been the case for years. She presently menstruated *with no pain whatever*, the first time of painless menstruation for more than ten years. Seventeen days after the removal of the last tent, I resumed the treatment by the tents. I now used three—all that I used for her, except the first, were spring-tents—and these last were, like the preceding, introduced at an interval of twenty-four hours. The uterus then was in an absolutely normal position; its length had diminished half an inch. Four days after the removal of the last tent she went out daily for three days, to the church, to the opera, and spent several hours in shopping. She declared that she was perfectly well, and when I told her that her womb was far too large, and would require some months of treatment, I could hardly induce her to believe it, so thoroughly was she relieved of her symptoms. But on the following day she was attacked with symptoms of gall-stones, and died in forty-three hours. A post-mortem examination revealed the uterus in perfect shape, though hypertrophied, and, of course, somewhat prolapsed. Three gall-stones were found impacted in the duct, with local peritonitis in the vicinity of the gall-bladder, but with no peritonitis in the lower portion of the abdomen or pelvis, and with no evidence of any uterine inflammation.

I quote a second case, the only fatal case resulting from the use of sponge-tents that I have seen in eleven years of practice with these tents.

CASE II. A lady, with a formidable ante flexion, had been confined to her bed and couch for eight months. The uterus, by measure, was $3\frac{3}{4}$ inches in its cavity, and enormously hypertrophied. No inflammation was present, and the uterus was insensitive. Three tents were used at intervals of from twenty to twenty-four hours. She was then allowed to rest for eight days, during which time she was able to walk about her room, to sit up almost the entire day, and to amuse herself with her needle, for the first time in eight months. I then examined critically, with Dr. McClelland's assistance, into the condition of the uterus. It was shortened three-quarters of an inch and RETRO-FLEXED, the curved tents having bent it back of its true position! I had not anticipated that a tent could convert an ante into a retroflexion; but the fact of its having done so, shows the power of the tents, these all having contained the spring. I now resumed the treatment, in order to reverse the uterine curve, and bring it to its normal position from that of retroflexion. I used two tents at intervals of twenty-four hours. She not only felt no inconvenience from the tents, but absolutely declared that she felt better after the insertion of each of them. About two hours after the removal of the last tent, she was seized with a pain in the vicinity of the left ovary. She ran rapidly into a metro-peritonitis, and died in three days. The post-mortem examination proved the cause to be intense metro-peritonitis, involving the region of the left ovary, the pelvic peritoneum, the entire left Fallopian tube, and the mucous lining of the body of the uterus. The neck was not involved. The uterus was in absolutely correct position.

Dr. C. H. Drake, of White Haven, Pa., used, at my suggestion, this style of treatment for a patient who had suffered—I quote his own words in a letter to me referring to this case—"for several years, uncontrollable vomiting, obstinate constipation, pain in the abdomen, and great progressive emaciation, so that some of her physicians had diagnosed gastric cancer. Uterine disease had been by them excluded from the list of her maladies. Upon introducing a probe into the womb, I found the body of that organ badly ante flexed, and doubled upon its neck. This was in May, 1876. You saw her on the first of June, and advised the treatment by the curved tents. I commenced using the tents about the first of July. Each tent relieved her somewhat; the first tents used in July, however, were of simple curved sponge without the watch spring. After some half a dozen had been introduced, the womb began to right itself, and from that day she improved rapidly. Finally, I used a large tent containing two, instead of one, watch springs, subsequent to the use of

which the uterus resumed its normal shape, and was in proper position, and so it remains. Her weight about the time of your visit was 95 pounds; at this date (nine months after) it is 145 pounds. All her bad symptoms vanished like magic after the use of the last tent, and she is now enjoying perfect health."

When upon this subject a year ago, in my regular didactic course, a gentleman came up to me after my lecture and inquired if I were the author of a paper on this subject in the *American Journal* for January, 1876. Learning that I was, he told me that he had had a lady under treatment for two years with a bad ante flexion when he read the article. He immediately sat down and made some tents, and used them as suggested. Although every form of treatment in this case had been exhausted without benefit, she now improved, and in six weeks she was well, and continued in good health nearly a year afterwards, when he reported the case to me. I greatly regret that I have mislaid this gentleman's address, but he was from the Great West, and he will recognize this description in place of a more formal acknowledgment.

Dr. Frank H. Getchell says of a case which is still under treatment: "I used the sponge-tents (improved) in a case of strong ante flexion. There was but little hypertrophy and no tenderness. I kept the tents in about eighteen hours each. The womb is not straight, but it is improved, and the one menstruation she has had since the tents were used, was not attended with as much pain as before. No inconvenience was caused by the tents. I intend to repeat them."

Favorable cases might be multiplied would space permit, but I think that sufficient has been said to establish the fact that the improved sponge-tent furnishes a feasible and perfectly legitimate method of treating uterine flexions; and that, when judiciously employed, it is at least as free from danger as many of the simplest operations of surgery, and, finally, that it will relieve cases that are not amenable to ordinary forms of treatment.

A few explanations will enable any one to make these improved tents. The sponge should be elastic, and moderately close-grained; the Zimmoca sponge does very well. A cylinder, free from large cavities, is to be cut from the dry sponge, corresponding in length with the uterine cavity, and having in its long axis a gentle curve, similar to the natural bend in the uterus. The cylinder should be a little thicker than the thumb, but may be increased or diminished in proportion with the degree of dilatation desired. This must be thoroughly washed in water, and trimmed smooth with the scissors. A central opening is now made from one extremity almost to the other by means of a narrow-bladed knife, into which aperture is to be passed a piece of watch spring, about half an inch shorter than the tent, and having an opening drilled

through it about one-sixteenth of an inch from each of its extremities. These holes can be made by a watchmaker, without any trouble. After insertion, the spring is fastened by a silk ligature passed through both it and the sponge, the needle in its passage traversing obliquely the aperture in the spring, then carried around the cylinder—one-quarter of its circumference—and passed again through the sponge and spring; finally, the ligature is drawn tight, and tied at the point of entrance, burying it deep in the sponge. Instead of carrying the thread around on the outside of the cylinder, it may be passed under its surface by taking a stitch through the sponge, making a "subcutaneous" ligature. Transfixing the other end of the tent, and the second aperture in the spring by a stout needle, the spring is perfectly secured.

A very thick solution of gum arabic is required, in which the still moist tent must be thoroughly soaked. It is now to be taken out firmly wrapped, like thread on a spool, with strong twine, from one end to the other, and back again. The tent is now ready to be moulded into any desired curve. Having a sound bent to the shape of the uterine cavity, it is laid down upon a piece of wood, and its course indicated by several tacks. The sound is now replaced by the moist tent, which is allowed to remain until it dries, the position of the spring being indicated by the needle at its inferior extremity. The hard and dry tent is next taken out, and the twine removed. Its surface presenting a rough appearance from the indentations produced by the cord, it should be lightly smoothed with fine sand-paper, and the point somewhat bevelled; but the tent should *not* be made to gradually taper to a point—as most tents are—because it is next to impossible to retain such a wedge-shaped instrument in the uterus. The tent may now be rubbed with a little wax, and burnished with any hard substance; the handle of a pair of scissors answers very well. Finally, a string may be passed through the opening left by the needle in the lower end for convenience of extraction, and to secure the end of the spring in the centre of the sponge.

The first tent which is to be used in attempting to erect a flexed uterus, should be of small size; it should not contain a spring, because the elasticity of the spring will straighten to some degree the small tent, the bulk of the sponge not being sufficient to hold the spring down in its proper curve. For this observation I am especially indebted to Dr. C. McClelland, who has used these tents frequently under my supervision, as well as in his own practice.

As a general rule, tents of three curves will be all that will be found necessary for ordinary cases, and therefore a number may be manufactured at one time for future use. The shapes most used are a moderate curve, only a little more than the natural bend of the hand; secondly, a fish-hook

curve for extreme cases; and, thirdly, an intermediate one, which will probably be the most often required.—*College and Clin. Record.*

CARBONATE OF AMMONIA IN RESPIRATORY DISEASES.

Dr. J. P. Thomas, of Kentucky, contributes a long and interesting article to the *Virginia Medical Monthly* for April, 1880, entitled "Carbonate of Ammonia in Diseases of the Respiratory System; and as a Special Prophylactic and Probable Remedy in Heart-Clot."

He prefaces the paper with the remark that it is to a considerable extent a reiteration and reaffirmation of statements made in an article published in 1876 on "The Pathology, Etiology, and Treatment of Pneumonia," with the added experience of four years with the use of the drug.

The extraordinary success he has met with in administering carbonate of ammonia for bronchitis, pneumonia, whooping-cough, croup and diphtheria—to say nothing of its hypothetical action in cases of heart-clot—should induce every practitioner to make a fair trial of the drug in treating such disorders. Taking the ground that pneumonia, bronchitis, and membranous croup, are diseases of morbid origin, as much as any of the infectious diseases, reliance must be upon constitutional treatment; selecting a drug that will hasten elimination of the *materies morbi* without depletion. This he claims ammonium carbonate will do.

He says: "The action of the carbonate of ammonia upon the organism seems to be versatile, and its properties many. In diseases of the respiratory organs it always promotes expectoration of the mucous exudations in the bronchi, thus far aiding arterialization of the blood. It rarely fails to produce free diaphoresis, thus to some extent unloading the capillary circulation, especially of the lungs, and of course promoting elimination of the *materies morbi*. It also acts by depleting and yet assisting the heart in a conservative manner. It invariably lowers the pulse as soon as its action upon the skin is established, and thus it also combats the fever. Unlike alcohol, it prevents, instead of aids, the accumulation of carbonic acid, by promoting, in an eminent degree, oxygenation. It does what would be expected—renders the blood alkaline, even when on test it was decidedly acid before the administration of the ammonia. It probably prevents the formation of emboli by its diffusive stimulation of the circulation and its alkalinity. When persistently administered in full doses it undoubtedly does this, and consequently it must prevent the deposit of fibrin by its solvent powers, and hence limits hepatization in lung tissue. That it checks exudation is proven by the

rapidity with which it changes the color of the sputa in pneumonia.

He reports cases of membranous croup, where nothing but tracheotomy was supposed to be of any avail, being promptly relieved by frequent doses of this drug; also the suffocative stage of simple croup and cyanotic paroxysms occurring in children during acute capillary bronchitis. He has great faith in it as a solvent of fibrinous deposits, consequently a prophylactic of thrombosis and embolism.

Dr. Thomas cautions the profession against using an impure drug, as the *quality* is of great importance in assuring good results. He says nothing but a fresh crystalline article, free from efflorescence or loss of its water of crystallization should be used. To prevent deterioration it should be kept in well-ground stoppered bottles with a rubber or bladder covering, and each dose should be powdered immediately before using. He administers it in elm-mucilage. The dose for an adult is from ten to thirty grains every two hours. As in other drugs the idiosyncrasy of the patient must be regarded, but the larger the dose that the stomach will tolerate the better the results. In cases of cardiac complication he combines it with intermittent doses of digitalis. Where dyspnoea is distressing it should be given in smaller doses, oftener repeated. From two to three grains may be given to an infant from six to twelve months old. It may also be given per rectum when not tolerated by the stomach or when deglutition is difficult. In this way the dose for the adult is thirty to sixty grains, and for infants from five to six grains, and it is best given in elm-mucilage.—*Medical Tribune*.

PUNCTURE OF OBSCURE ABSCESS OF THE LIVER.

—Sir Joseph Fayrer (*Lancet*) quotes the following from Prof. W. S. Palmer, of Calcutta, who has had large experience in this affection:

“You have asked me to give a brief account of the results of treatment by puncture in cases of doubtful liver abscess which came under my treatment during the period of six years, in which I had medical charge of an average of about seventy patients in the European General Hospital, Calcutta.

Passing over cases of undoubted liver abscess, there was still a residuum of patients presenting doubtful symptoms in whom neither unsymmetrical enlargement nor superficial tumescence, etc., could be detected. Such patients presented symptoms varying in every degree. At the one extreme, cases of general cachexia, with irregular slight febrile attacks, would exhibit symptoms as frequently attributable to deranged stomach or bowels or lungs only, as to the liver itself; while at the other, slight general enlargement of the organ would be found associated with that peculiar form of ‘tender-

ness’ in which pressure over the organ produced an indescribable sensation, inducing either faintness, hurried respiration, palpitation, or nausea with retching, or all of these at once.

In all this large class of cases, it was my custom to plunge a long trocar and canula, of small diameter, into any or all parts of the liver, through a valvular opening, examining, on the spot, the small quantity of extracted matter for pus globules.

It was only in very exceptional cases that any signs of pus could be detected. When it was so detected, the puncture was generally followed by slight inflammatory action at the seat of puncture, which probably ended in adhesion of the organ to the parietes, and so facilitated the future opening of the abscess. When, on the other hand, no pus was found, a good deal of anxiety was felt in the earlier cases lest the puncture should be followed by any evil results. Such moments of anxiety soon ceased, however, to recur; for it very rarely happened that the patient did not express himself, the next day, as feeling much relieved, and in no case do I remember any bad consequences resulting from such punctures. The relief was frequently only temporary, in which case a second, a third, or a fourth puncture was made at intervals of eight or ten days. In some, however, one puncture sufficed to cure.—*St. Louis Clin. Record*.

ALCOHOL IN FEVER.—Dr. H. Macnaughton Jones gives in the *British Medical Journal*, of May 3, a brief recapitulation of the results of the use of alcohol in the treatment of fever, in his own practice, in the Fever Hospital, at Cork, Ireland, during the few years immediately preceeding 1879. In 1875 he published his experience up to that date, and the present paper includes the cases subsequently treated, and also includes those of earlier date as far back as Jan. 1873. The records show only those who received stimulants since January 1877, as the hospital wine book for previous dates was unfortunately lost. But the percentage was about the same as for the subsequent period, some 30 per cent. Previous to 1873 the cases are not taken, as it was at this date that he began to watch the effects of alcohol, and to be much more careful in its use. Unless we reproduce the tables bodily the best way to give an idea of his results is to simply state his conclusions. He considers alcohol a most valuable therapeutic agent in both typhus and typhoid fevers, but in a large percentage of cases it is not only not required, but its employment is apt to lead to complications. The indication for its use is to be found rather in the type than in the stage of the fever. In ordinary cases, the time to watch for the need of its administration is from the eighth to the twelfth day; early administration of alcohol as a rule is injudicious, even in old drinkers. In fact such are as likely to recover without stimu-

lants as with them. In Dr. Jones' experience alcohol has little effect in modifying the temperature of fever. He generally takes into consideration, in estimating as to the need of alcohol, the age of the patients, the condition of the heart, the pulse, the tongue, and the head symptoms. A feeble heart with irregular action, weakened first sound, a rapid and compressible pulse, tongue fairly moist, and absence of head symptoms, encourage him to use alcohol. He believes it to be a supporting food in typhoid states where assimilation is difficult, and other substances than alcohol as in brandy, and milk are rejected. Young patients as a rule do well without stimulants. The practices he deprecates in the use of alcohol are its administration in the early stages of fever, and persistence in its use and increase in the quantity administered, when the symptoms show that it does no good, or is even acting injuriously. The small percentage of only 30 of all the cases treated by him in the Fever Hospital indicates plainly that in his opinion it is not usually required.—*Chicago Med. Review.*

ESMARCH ON BLOODLESS OPERATIONS. — At the recent meeting of the Congress of German Surgeons (*Chl. f. Chir.*, No. 20, 1880), Professor Esmarch returned to a discussion of his method of bloodless operations first brought before the Society seven years ago. This method is still condemned by many distinguished surgeons on account of the parenchymatous bleeding which sometimes ensues after removal of the constricting tube. Since many modifications of his method have been devised with a view to preventing this bleeding, which nevertheless have not attained that object, Esmarch has thought it desirable that he should himself describe his present method of operating, by which parenchymatous hemorrhage is entirely avoided. He describes his procedure in amputations, resections, and necrotomies. After the amputation has been performed bloodlessly, and before the constricting tube is removed, all the vessels are carefully tied, and the wound closed by catgut in a furrier's stitch. Drainage-tubes are placed in position, a permanent compressing dressing is applied, and the stump secured in a vertical position; not until these preliminaries have been attended to is the compression tube loosened. The patient being put to bed, the stump is retained in a vertical position for half an hour longer. In twelve amputations performed with these precautions, nine of which were in the lower part of the thigh, no hemorrhage occurred, and in most of them the first dressing remained in place until the fourteenth day. When removed at the end of that period, only a thin linear scar remained.

The procedure in resections is essentially the same. In fifty-six cases no death occurred, nor even hemorrhage. In thirty-three cases the continuous dressing was employed, being usually kept on three or four weeks.

In one hundred and forty-eight necrotomies treated in the manner described, the dressing had to be removed in six cases on account of hemorrhage. Small patches of gangrene of the skin also appeared in some cases. Since Easter, 1879, Esmarch has given up the use of tampons after removing sequestra, substituting the sewing up of the skin over the cavity after careful disinfection, and the introduction of a drainage-tube, the compressing gum tube being kept in place till all is completed. In twelve cases thus treated no hemorrhage followed, the wound remained aseptic, and indeed in several cases healed by first intention.

Finally, Esmarch has obtained equally good results by similar procedure in other operations, as removal of tumors, although in some localities, as about the shoulder and hip, bloodlessness is difficult to attain.

In the discussion following the reading of this paper, a number of distinguished surgeons expressed themselves as to the high value of Esmarch's procedure. With regard to the use of hot-water irrigation considerable diversity of opinion existed: some surgeons had found it to answer all expectations, while in the hands of others it appeared to have failed entirely.

HEADACHE—PATHOLOGY AND TREATMENT.—Dr. Day, in a clinical lecture delivered at the Samaritan Hospital, considers the various forms of headache, and their appropriate methods of treatment. Headache occurs in cases of anæmia and in hyperæmia. In headache from cerebral anæmia the pain is referred to the top of the head, which often feels hot and burning; while in headache from hyperæmia the pain is frontal, throbbing and bursting. Dr. Day further distinguishes in headache common to both sexes of sympathetic variety due to some eccentric cause of irritation; nervous headache, caused by temporary derangement of the nervous centres; and neuralgic headache. Headache also arises from menorrhagia and from the action of poisoned blood upon the nerve centres; organic headache is brought about by morbid changes within the skull. Headaches are of frequent occurrence in children, and, if persistent, are very significant, and should invite more serious attention than a similar disorder in the adult. As to the treatment of headache, Dr. Day advises as a preliminary step a diligent search after the cause of the disorder, which, when found, should be removed as speedily as possible. The remedies to be used are tonic or calmative as the case may require. If the brain be over-excited, bromides of potassium and ammonium, chloral hydrate and morphia as a hypodermic injection or in other form, may be used. The morphia combined with an infinitesimal dose of atropia, and used with care, has been found to be an invaluable remedy, even in cases of organic disease. In

nervous headaches a stimulating emetic of sulphate of zinc, mustard or ipecacuanha, will act like magic, as will also a mustard-leaf at the back of the neck, the feet and legs being put at the same time into hot water. In the neuralgic variety tonics are serviceable, especially cod-liver oil, phosphorus, quinine and arsenic. The local application of aconitine ointment is serviceable in that form known as brow-ague. As a general treatment it is recommended to elevate the head at night, and to make use of a hard pillow. The first principle to inculcate is rest.—*British Med. Journal.*

SUGGESTIONS FOR PROFESSIONAL SUCCESS.—The *Med. & Surg. Reporter* Phila. gives the following: The question was put to us from several quarters, not long since, How is a young graduate to succeed in practice? What are the points he should observe, to make a good living by his profession? We promised a reply to the inquiry, and now present it. It contains no secret and certain plan, no unknown artifice; it is simply a digest of our observations of the modes of successful practitioners.

In the first place, a doctor, to succeed, must *know his business*. It is just as essential to him as to a carpenter or shoemaker. Bunglers and botchers cannot deceive for any long time. We often hear it stated that ignorant doctors often get large practices, but we are convinced that nowadays this is not the case. The physician now should not only have a thorough training in a medical college, and a certain amount of hospital experience, but he should constantly keep up his medical professional studies, by the attentive perusal of new books and journals. This we lay down as the corner stone of his success.

Secondly, he should *attend to his business*. The old advice is still good: "If you don't keep your office, your office won't keep you." Not only must he stick to his office, and be always ready for calls, but he must be attentive to every case he undertakes. While many people are suspicious, if a doctor calls often, that he is running up a bill, all these and many others are quickly resentful if they think they have been neglected or forgotten. Nor do they like it at all, if what has been said or done at one visit is not remembered at a subsequent one.

Next in order of attention are *personal manners and habits*. No man can expect practice in the better class of families who neglects his personal appearance, whose clothes are soiled or seedy, whose breath smells of tobacco, beer and onions, whose hands are unwashed and the nails in mourning. It is needless to say that he must be temperate and of good repute; but it is not at all necessary that he should be a hypocrite, or use a church as an advertising agency.

He must be *stationary*. The place he settles in should be chosen after full consideration; and once settled, he should, unless the very strongest motives arise to dictate another course, determine to remain there in spite of opposition and ill success. Many men become discouraged after a few years of effort in one location, and thus move from spot to spot through their whole lives, never building up a good practice anywhere. It is certain they never can do so unless they settle fixedly and doggedly in one place.

He should make *fair charges*. Nothing is gained in the long run, by charging excessively when a chance is offered, as against the estate of a decedent, for example; nor, on the other hand, does it pay to attend a lot of poor families for a very low figure. It is better to demand a fair customary fee from the poorer class, and, of course, a higher, but not an extravagantly high one, from the wealthy. In the long run this pays better.

Books of account should be kept with entire accuracy. The visits should be entered the day they are made. All the items of a bill should be verifiable at a moment's notice. The books should be balanced frequently, and old and dead accounts charged off.

A very essential point is *collection*. Some doctors rather pride themselves on being indifferent collectors. Their example is to be avoided. Bills should be promptly sent in when due, with a polite note calling attention to them. In family practice in this city this is usually done on the first days of January and July. This is none too often. Once a quarter were better, or even monthly. The nearer the business can be made to approach a cash one, the better.

If the bills are not responded to within thirty days it is proper to write again, or to call personally. In doubtful cases no delicacy need be used, and a certain degree of urgency is perfectly proper. Still, we should not advise such determined collection as that we knew practiced by a down country doctor, who carried away for his fee a poor woman's cook stove. She made such a fuss about it that the village grew uncomfortable for him, and he was obliged to leave.

It rarely pays to sue for a bill, even when the debtor is a "deat beat," that is, a man able but not willing to pay. The bill and costs may, indeed, be collected, but, in country districts especially, the suit is apt to make an unfavorable impression on the community.

While it is important for a physician to live in comfortable style, ostentation and excessive personal or family expenditures are no advantage. In the larger cities there is a great deal of rivalry in display. Liveried drivers, fancy turnouts, costly houses, etc., are quite a rage among Philadelphia and New York physicians; and in less obstrusive forms the same foolish vanity is seen in less popu-

ous centres. This is derogatory to a learned profession, and of doubtful value as a business advertisement (which it is intended to be).

It repays a physician to be on good terms with his professional neighbors. He need not be intimate; it is better not; but it is better to overlook and pass by a great deal of annoyance than to fall into open enmity.

As to the numerous Bob Sawyer artifices to impress the public and catch practice, it has not been our observation that they amount to much as business moves. Some are pretty sure to be detected, and their exposure is ridiculous. Nor does the grasping for patients by covert misrepresentations of other physicians pay, in the long run. The most successful men, in a money point of view, we have personally known, did not resort to such measures. As a matter of policy, we doubt their value.

TREATMENT OF EPILEPSY.—The *Louisville Med. News* gives the following extracts from a clinical lecture of Prof. E. C. Seguin, M. D., in the *Phila. Med. Times* :

Brown-Séquard has shown that counter-irritation at the seat of the aura is often of the greatest benefit in addition to them. This serves to transmit to the seat of disease in the encephalon a sensation which may counteract the one proceeding from the latter. Blisters, setons, and the tourniquet or other species of ligature are the forms of counter-irritation employed. The aura acts as a flag or signal to show us the location of the trouble in the brain, and it often enables us to designate this with considerable exactness. It is supposed by the public (and by a large number of the profession) to be the starting-point of the epileptic seizure; the truth is the irritation starts in the brain, at the seat of the lesion present, and travels along some sensory tract to the point where the fibres constituting the latter terminate in the periphery. I therefore prescribe frequent blistering of the groin. The blisters employed should be small (say as large as the end of the finger), and should be repeated every second or third day.

The eruption of acne is looked upon by the patient and friends as a very important sign of bromism, but not by the physician. It is really due to some peculiarity of the individual when it occurs, and varies very greatly in severity and in location in different patients. The shoulders, neck, and face are more apt to be effected. In some cases the acne becomes troublesome long before doses sufficiently large to control the epilepsy are reached; but the gentleman who is taking one hundred and sixty grains of bromides a day scarcely suffers at all from it. More serious effects of bromism are those such as paresis and impairment of intellect; but it is never necessary to push the remedies to this excess. It is very

seldom that morbid bromism is produced if proper caution is observed.

The time necessary to continue the drugs is still under discussion. Some authorities are content with one year. I hold that the patient should not give up their use until he has been three years without any epileptiform manifestation, however slight. Brown-Séquard and Voisin place the limit at three to five years.

The time in the day for the administration of the bromides is an important factor in success in treatment. For a time I followed Brown-Séquard in his practice of giving the greater part of the necessary quantity at bedtime, because in the immense majority of instances the attacks occurred between bedtime and 8 and 9 a.m. My plan is now to give the greatest amount just before the time that the attacks are wont to occur. It is best to give it on an empty stomach, and I think we are much less likely to have acne produced if we use alkaline instead of simple water for our mixture. I employ Vichy with those who can afford it, and a solution of bicarbonate of sodium among the poor.

In conclusion, I will mention the manner of giving the bromides in different cases, it being understood that the patient in each instance is an adult :

1. When the attacks occur at night or early in the morning we might give one teaspoonful of the mixture before each meal, and then at bedtime.
2. When the attacks vary as to time we might give two teaspoonfuls in the morning, one before supper, and two or three at bedtime.
3. When the attacks are more liable to occur in the daytime we might give three or four teaspoonfuls in the morning, one before supper, and two or three at bedtime.
4. In the nocturnal form we would give three or four teaspoonfuls at one dose, either at bedtime or early in the evening. The gentleman who is using one hundred and sixty grains of bromides a day takes six teaspoonfuls in the morning and five at night.

OBITUARY.—In the recent death of Mr. E. Messenger Bradley, at the early age of 39, the medical profession of England has lost one of its prominent members and a man of uncommonly versatile talent. Mr. Bradley was perhaps best known in this country as the editor of the *Liverpool and Manchester Medical and Surgical Reports*, although known also as the author of a large number of works and papers on medical subjects, the latest of which, "On the Injuries and Diseases of the Lymphatic System," had only recently been published. He was a popular lecturer, and was also something of an artist, besides possessing social qualities of a high order.

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DRINKABLE SEWAGE.

The *Medical Press and Circular* states that "The guardians" (!!!) "of the Newcastle west Union, in the county of Limerick, have been informed by Dr. Cameron, the county analyst of their district, that the water which is consumed by the population of Newcastle west is nothing better than sewage slightly diluted."

Can any of our readers inform us how many of our Toronto City Fathers have studied sanitary science in the hygienic college of the West Union of the county of Limerick? If we might judge from the apathy so long evinced by this erudite body, as to the potable quality of the diluted sewage furnished by the water service of this city, we should be tempted to conclude that a considerable majority of the venerable agglomeration must have left their alma mater with first class honours. It would be a very interesting hydrostatic calculation to determine the degree of dilution which the sewage of this city, loaded with all the putrescent excreta of 70,000 human beings, copiously supplemented by those of an equal number of quadrupedal, bipedal and other dirt elaborators, undergoes in the big currentless pond, euphemistically styled "*the lovely bay of Toronto.*" Assuredly no disciple of Hahnemann would admit the polysynthetic liquid into the materia medica of Homœopathy. There must be, in every half pint of the beverage, as full a dose of the potent drugs prescribed by the infinitesimalists, as the faithful followers of the Prophet of Leipsic could ever venture on; with, however, this material advantage, or the contrary, as the case may be, that a conflicting array of an-

tagonising potencies may, by internecine discord, enact the role of the Kilkenny cats, and thus bring the therapeutic virtue of the mixture down to zero. Were this the sole matter calling for the paternal consideration of the "potent, grave, and reverend" guardians, who cultivate Limerick West Union sanitation in our Bœotian metropolis, we might ignore the oversight; but who can imagine the multifarious chemical combinations and decombinations perpetually going on in our huge trough, into which are continually flowing saturated solutions of hydro-sulphurets, chlorides, phosphurets, and the whole family of excretory abominations? *Quousque tandem, O, patres nondescripti*, will it be your benign pleasure to persist in your West Limerick sewage dilution? Your late talented engineer furnished your predecessors with plans and specifications of a front trunk sewer, which would intercept, and carry away to a safe distance, the impurities which you now constrain us to swallow in indefinable quantities; but which of you has ever bestowed an hour's thought on this all important subject? It would be very unjust to, at least, a respectable minority of your body, to suggest that the subject is beyond your capacity or your intelligence; yet we should be rejoiced to have it in our power to record the fact, that some of the truly patriotic and humane of your number had ever made himself heard in advocacy of so vital an improvement. It cannot be unknown to you that the entire body of the medical profession are in accord in deprecation of the death-dealing evil. You cannot be so utterly obtuse as to suppose that they are actuated by selfish motives in this harmonious protest. Your common sense and daily experience must convince you of the very contrary, for no larger contribution can you make to the financial benefits of city physicians, than by persistence in your present indifference to the sanitary well-being of your constituents. Your predecessors have been profusely liberal in the voting of bonuses to railways, or as we once heard a very shrewd man of business in that line, qualify these undertakings, in the patronage of conservatories and green-houses. Do, then, dear fathers, descend a peg or two from your lofty perch, and try whether you cannot agree on some rational and efficient plan of redeeming our bay from its present degradation, and your poisoned fellow-citizens from the hideous necessity of drinking diluted city sewage.

RECTAL ALIMENTATION.

The absorbent power of the mucous membrane of the lower intestine has long been recognized both in the use of nutrients and medicines, but recently a fresh impulse has been given to this mode of treatment by articles which have appeared from time to time in the medical press. Although the rectum is inferior to the stomach as an absorbing surface, yet its power of appropriation and absorption is of great importance when from any cause the stomach is unable to perform its ordinary function. Medicines of a decidedly unpalatable nature such as turpentine, asafetida, &c., are not unfrequently administered by the rectum, and especially so when there is any marked degree of irritability of the stomach, and such remedies have been found to produce the desired result almost as effectively as when administered in the ordinary way. Notwithstanding these facts the subject of rectal alimentation and medication has up to the present time been considered a matter of merely secondary importance, and in many instances overlooked or neglected altogether. In the recent discussion on this subject, such as occurred in the New York Academy of Medicine last year, most valuable information in regard to rectal alimentation in its general application was elicited. In a paper by Dr. Austin Flint will be found a large number of cases in which the efficiency of this method was shown, leading to the assumption that "life may be sustained indefinitely solely by rectal introduction of aliments." Nutrition was maintained in a number of patients from three weeks to five years, the majority of them by rectal alimentation alone. In the present day the antiphlogistic treatment is almost obsolete. Most, if not all diseases, are being treated by the supporting plan; even in surgery the value of generous alimentation is fully recognized, and was ably advocated by Prof. Hamilton of New York a short time ago. The principle being established, it remains therefore only to show how the object can be best attained. Of course the most natural means, if adequate, is always the best, but if from any irremovable cause the function of the stomach is practically suspended, rectal alimentation is clearly indicated. The materials usually employed are milk, raw eggs, animal broths, &c., but since the publication of Prof. Leube's paper on rectal alimentation in 1872,

the preparation he recommended has come largely into use, viz.: muscle of beef partly digested by an artificial process, and brought to a sufficiently fluid condition to be administered by means of a syringe. Quite recently desiccated blood has been brought under the notice of the profession as a new article for rectal alimentation. Some years ago the drinking of bullocks' blood at the abattoirs in New York and other places was indulged in as a cure for consumption and other wasting diseases, and not without benefit to the patients, but naturally enough it was disgusting to most persons. Transfusion has also had its day, and now we have the much more rational, agreeable, and practical method of introducing blood into the system by the rectum, suggested to us. This new method of treatment is no doubt worthy of trial, and the pharmaceutical chemists, especially Parke, Davis & Co., of Detroit, are prepared to supply it to the profession. The blood is first defibrinated, which does not destroy its nutritive properties, and afterwards dried with the greatest care. Blood thus prepared and dried is completely soluble in water below the temperature of 160°F., and contains all the elements of blood except water and fibrin. When required for use, it is dissolved in water in the proportion of one drachm of the powder to one ounce of water. The dose is from four to six drachms, which may be given at once or in divided doses during the day, as circumstances seem to require.

MEDICAL EDUCATION IN VIENNA.

In a recently received number of the Buenos Aires *Revista Medico-Quirurgica*, we have read a letter from Dr. J. Sherrar, addressed to the editor, under date, Vienna, 10th February, 1880, from which we extract, as of interest to young Canadian aspirants to medical fame, the following paragraph:

"Having arrived in this city on the 6th of November, I entered the General Hospital, situated in Alsens street, (formerly a suburb, but to-day a distinct ward). The hospital is an immense establishment, occupying an area of not less than 40,000 square yards (*4 manzanas*) of which a fifth part is covered with buildings, and the rest by gardens and courts. The capacity of the hospital is equal to 2000 beds, including those of the Maternity. "According to the programme of lectures of the past week, there are no less than 20 ordinary professors, 22 extraordinary professors, 55 docents

and 12 assistants, who there, and in the Anatomico-Pathologic Institute annexed, have the education in charge. "On every day of the week, except Saturdays and Sundays, from 8 till 10 in the morning, the celebrated medical interesting clinics are given by Professors Billroth and Dumreicher, in which, the antiseptic method of *Lister* is strictly observed, both in the operations and the treatment; from 12 till 2 the gynecological clinics take place, and the clinic of obstetrics, (surprising for its rich material,) by professors Carlos Braun, Fernwald, and José Spath. In each of these three about 3000 births annually occur, and of course a corresponding share of operative cases."

From the preceding brief details we may reasonably conclude, that if medical science is not in a flourishing state in Austria, the misfortune cannot be ascribed to paucity of numbers in the teaching staff, nor to sparseness of beds in the hospital wards. We have all, however, heard of the enterprising youth, with a new knife, who went into the wood in search of a straight stick, and came out with a crooked one. Just so, we opine, may it happen with the wandering student who runs his eye over the Vienna Hospital programme and falls into perplexity over that catalogue of 109 teachers and semi-teachers, who dispense orthodox medical and surgical science, in the omnivorous *Annexe* of that omnium-gatherum. If we might venture on a trifle of advice to such of our young compatriots as, having plenty of money to expend and plenty of time to kill, feel a strong appetite for seeing the elephant, we would say, do not start before you have made good use of your home opportunities.

TANNER'S FAST.

The sensation occasioned by "Dr." Tanner's fast has nearly died out already, and will soon be quite forgotten. It was at best only a foolish procedure, and was conducted in such a way as not to be of any real value to science. Even if properly conducted, it is doubtful if any scientific facts of real practical value would have been evolved, as nothing was likely to be added to what was known before of the effects of prolonged abstinence from food. There is no doubt also, that Dr. Tanner's case is an exception to the general rule; this was further shown to be so in regard to his gormandizing after the long fast, without disturbance of the stomach, and also by his rapid

power of recuperation. It is not possible that he could have held out much longer, as his blood, showed under the microscope, at the end of the fast, evidence of rapid disintegration. The red corpuscles were irregular, shrunken, and presented so-called fungoid growths upon their surface. The white corpuscles remained smooth, but were relatively increased to about 1 to 100 red. Within 24 hours after food was taken, the fungoid spores began to disappear, and in three or four days the blood became normal.

A French writer, in commenting on the fast, says, "This prodigious fast will not fill the stomachs of the starving. There is no need to make such experiments; the wretched make them every winter. Dr. Tanner has done the poor a great deal of harm. The familiar appeal, 'My God, sir, pity me; I've eaten nothing for two days,' will never more have any effect on us."

We were not a little surprised at the publicity which certain medical men in New York, notably Drs. Hammond and Sims, seemed anxious to achieve in connection with this foolish business.

THERMOMETRIC BUREAU.—The inaccuracies of thermometers in use by physicians are considerably greater than is commonly supposed. Many clinical thermometers, from the imperfect manner of verification adopted by manufacturers, are of little value in indicating the temperature of a patient. Manufacturers use for standards of comparison, some thermometers in their own hands, or one compared at some foreign observatory, and hence there is no recognized standard. To meet this want, a Thermometric Bureau has been established at Yale College, New Haven, Conn., in order to afford facilities for the adequate verification of thermometers. A certificate will be issued with thermometers so compared, giving the corrections to be applied at intervals of 5 or 10 degrees of the scale, as compared with the standard. Thermometers sent should have a name and number engraved upon them, and be carefully packed in two boxes, one inside the other, and the space filled with cotton wool. A charge of fifty cents is made for the service.

RÖTHELN OR GERMAN MEASLES.—Just now a good deal of discussion is going on relative to the diagnosis and identity of Rötheln or German

measles. A recent writer in the *British Medical Journal* draws the following contrast between it and measles:—1. The rash is more vivid and in smaller patches, the patches not being markedly crescentic; 2. There is no coryza nor cough; 3. There are sore throat and strawberry tongue. From scarlet fever the points of diagnosis are these:—1. The rash is in patches and less red; 2. Neither tonsils nor cervical glands are much affected; 3. The temperature rarely exceeds 102 Fahr.; 4. The illness is of short duration (rarely lasting a week) and mild; 5. The patient does not infect others with scarlet fever, and there is no albumen in the urine. Desquamation often occurs about the fifth or sixth day, and is sometimes profuse. It is worthy of remark that patients suffering from this disease never communicate either scarlet fever or measles to any one else.

CLIMATE AND DISEASE.—In the *National Board of Health Bulletin* for July 17th, there is a paper by Prof. Cleveland Abbe, on the above subject. He very properly points out the errors into which many investigators have fallen, illustrating the most common by quoting from a well-known author, (Dr. Fox, of London). The principal difficulty appears to have been that statisticians have limited themselves in their discussions to the collection of meteorological data and vital statistics. They endeavour to show a connexion between the weather during certain seasons, or during certain periods, and the variations in the death rate, from special causes. This is what we have contended against throughout. The only method of ascertaining the influence of the weather on health, is to show how the changes in the weather effect health. Prof. Abbe appears to have overlooked the fact that very little, if anything, can be learned from the death rate from any special disease, however accurate it may be. We must show the various changes in the health of the people, by noting the inception, progress and termination of diseases, and then see how the changes in the weather effect health. We hope the time is not far distant when we shall be able to obtain the information needed. This will come within the province of the proposed Board of Health.

PAUL BROCA.—This eminent pathologist, anthropologist and surgeon, died in Paris on the 11th ult., at the early age of 56 years. He was one of

the most popular professors in the faculty of Paris. Students at the "Clinique de la Faculte," will long remember his clear, terse style and pleasant manners. He was very fond of anecdote, one of which he used to relate was of an incident which happened to him in Seville. Wishing to be shaved, he went to a barber to whom he was known, and after the operation was finished, the barber declined to accept any pay on the ground that confrères should not accept fees of one another. (The barbers in Spain still bleed.)

M. Broca is principally known by his "Atlas of Descriptive Anatomy," his work on "Splanchnology," treatises on "Aneurisms and Tumors." He did good work in his researches on the structure of the stomach, liver and spleen. In anthropology, he published a curious work on the "Relative Weight of French and German Brains." He did not find any decided predominance in German cerebri. Another was on the "Capacity of Parisian Skulls at Different Periods." Thirty years ago, the great Malgaigne said of him "There is the most brilliant of the young surgeons of France." How fully has this high opinion been justified. He was elected a Senator in February last. He divided the honor of having been born with two incisor teeth with Louis XIV., and Mirabeau.

CANADIAN MEDICAL ASSOCIATION.—We have been requested to state that our medical confreres in Ottawa have made every preparation for a large meeting of the Canada Medical Association, to be held on the 1st of September. They have secured rooms in the Parliament buildings, so that the work of the association can be carried on in sections, thus allowing plenty of time for the reading and discussion of papers. There is ample hotel accommodation—the four principal houses being the "Russell," "Union," "Royal Exchange," and "Windsor." The usual arrangements have been made with the different railway and boat companies for reduced fare. Local Secretaries, Dr. H. P. Wright, Ottawa, Dr. Ross, Montreal, Dr. Wickwire, Halifax; Dr. Allison, St. John; Dr. David, Montreal, General Secretary.

BOGUS DIPLOMAS.—A friend was kind enough to send us a copy of the *Philadelphia Record* for July 17, in which we find a list of Buchanan's graduates for twenty-two years. Among them are

some Canadian M. D.'s, &c., that we scarcely expected to find in such company. The list of graduates includes over 1500 names. A list of Paine's graduates of the Philadelphia University of Medicine and Surgery is also given, containing about 600 names and among them also we regret to find some Canadians again figuring as recipients of purchased honors. The chief sinner, Dr. Buchanan, has saved the State a great deal of trouble and expense by jumping off the ferry-boat and drowning himself.

NEWSPAPER PUFFING.—This pastime seems still to be the favorite one with some of our rural conferees. We have recently received several letters and newspapers drawing our attention to most flagrant cases. Some of these transgressors are so pachydermatous that it does not seem possible to make any impression upon them by ordinary means, and therefore we will have to devise some new method of treatment.

OLEATE OF LEAD IN ECZEMA.—The treatment of eczema is often a matter of no inconsiderable difficulty, and we are glad to welcome any means which promises to help us in dealing with it. Oleate of lead has lately been very successfully used for this purpose. The formula is—Oleate of lead, 24 parts, paraffin oil, 14 parts. Oleate of lead is made by heating a mixture of oleic acid and oxide of lead.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of the Board of Governors will be held on Wednesday the 29th Sept., at 10 a.m., in the Laval University, Quebec. Candidates for examination or for license must send their papers, accompanied with the fee, \$20, ten days previous to the meeting, to Dr. Belleau, Sec., Quebec, or Dr. David, Montreal.

The preliminary examination for admission to the study of medicine will be held on Thursday the 23rd Sept., commencing at 10 a.m., in Laval University, Quebec. The fee, \$10, must be sent in to either of the above mentioned secretaries ten days previous to the examination.

AMERICAN DERMATOLOGICAL ASSOCIATION.—The Fourth Annual Meeting of the American Dermatological Association will be held at Newport, R. I., on the 31st of August, and the 1st and

2nd of September, 1880. Papers will be read on various diseases of the skin, by Drs. Heitzmann, Hardaway, Van Harlingen, Hyde, Taylor, Bulkley, Atkinson, Duhring, Greenough, and J. E. Graham, of Toronto.

INTERNATIONAL CONGRESS.—Dr. Allen, of Lansing, Mich., has been requested by Prof. Hyacinthe Pacchiotti to announce in the American journals, that the International Congress of Hygiene will be held in Turin, from the 6th to the 12th of September, 1880. The king, ministers, mayor, prefect, and all the officials will take part; the Minister of Foreign Affairs invites all foreign governments to send delegates; a reduction of 30 per cent. on the railway fares is also announced.

CHIAN TURPENTINE IN CANCER.—This remedy first recommended by Dr. Clay of Birmingham, has been in use for some time past in Great Britain and the Continent in the treatment of cancer, especially of the female generative organs, and has been attended with very beneficial results. It is prepared for administration as follows: Dissolve one quarter of an ounce of chian turpentine in half an ounce of sulphuric ether (anæsthetic), then add solution of tragacanth four ounces, syrup one ounce, flowers of sulphur 40 grains, and water to 16 ounces. Dose, two tablespoonfuls three times a day. A lotion containing six grains of arsenious acid to a pint of water may also be used locally at the same time.

PERSONAL.—Dr. Burke, of Stanstead, Que., was recently presented with a silver tea-service by his patients and friends, on the occasion of the tenth anniversary of his marriage. We congratulate the Dr. on this public recognition by his clients and friends.

AN OPENING.—Dr. H. B. Evans is leaving Kingston, Ont., for his old stand, in Picton, and is willing to give the succession to his practice to an eligible gentleman free.

Prof. Virchow, of Berlin, has been elected by a large majority to represent that city in the German Parliament.

Report of the proceedings of the English Medical Council received, but unavoidably held over until October issue.

REMOVAL OF THE UTERUS PER VAGINAM.—Prof. L. C. Lane of the medical college of the Pacific, Sanfrancisco, has successfully performed his second case of enucleation of the uterus per vaginam. The case is reported in the *Pacific Med. Journal* for April, 1880. The operation was performed as follows: The uterus was drawn down and an opening made in the fold of Douglas, through which a pair of forceps was passed to grasp and bring down the fundus, causing the uterus to revolve on its transverse axis, so that the Fallopian tubes and accompanying arteries became accessible and readily ligated. The organ was then detached from the bladder in front, and removed. The cavity was washed out with a one per cent. lotion of carbolic acid, and a tampon of lint, saturated with four per cent carbolized linseed oil introduced. The patient made an excellent recovery.

CARDIAC HYPERTROPHY AND RENAL DISEASE.—It is a well-known fact that hypertrophy of the heart and renal disease are frequently associated, but it has never yet been shown what was the precise nature of the inter-relations between these pathological conditions. Dr. Saundby (*Birmingham Med. Review*, Jan. '80), has recently given the profession his conclusions after careful examination of the subject. He regards the "cardiac hypertrophy as directly dependent on the state of the blood, and that in chronic Bright's disease the augmentation of the cardiac function is compensatory to the renal defect—hence the propriety of administering digitalis in these cases."

EPISTAXIS.—The surgical treatment of epistaxis is of importance on account of the frequency of this form of hemorrhage, and the difficulty sometimes experienced in arresting it. Spraying the nasal cavity with equal parts of water and liq. ferri perchlor. is said to answer very well. A plug of lint steeped in turpentine and passed into the nostril by a pair of dressing forceps sometimes arrests the bleeding instantly.

CHLORIDE OF CALCIUM IN PHTHISIS.—Dr. Jas. Sawyer, of Birmingham, Eng., draws attention to the value of chloride of calcium in phthisis. He has used it for some years in hospital and private practice, and believes it is highly useful. He gives ten grains dissolved in a drachm of water with a drachm of glycerine in a wineglassful of milk, twice

daily, immediately after meals. He thinks it tends to check night sweats, increase the weight and heal pulmonary lesions. It is at all events worthy of a trial.

TREATMENT OF GOITRE.—Dr. Stevens, of Dunham, Que., claims to have cured seven cases of goitre by the administration of chloride of ammonium. Six of the patients were girls under twenty years of age and the seventh a married woman forty years old. He combines it with no other medicine nor any special hygienic treatment. The dose used in all the cases was ten grains three times a day, the tumors entirely disappearing after about three months' treatment.

APPOINTMENTS.—Dr. Simpson has been appointed Prof. of Hygiene in Bishop's Medical College, Montreal.

A MEDICAL SOCIETY has recently been formed in Kingston, Ont.

CORONER.—Dr. R. B. Orr, of Maple, has been appointed Associate Coroner for the Co. of York.

Reports of Societies.

ONTARIO COUNCIL EXECUTIVE COMMITTEE.

A meeting of the Executive Committee of the Ontario Medical Council was held on the 17th of July, to make arrangement to meet the necessary expenses of the Council then in session. All the members were present, viz.: Drs Allison, Bergin, McDonald, Burns, Edwards and Husband. Arrangements of a satisfactory character having been made, the Committee adjourned.

August 3rd. The Executive Committee met at 2 p.m., all the members being present. The minutes of the last meeting were read and confirmed. Several communications were read upon subjects of various kinds, such as accepting some other matriculation in lieu of that adopted by the Council, monies due the Council, applications for leave to practice, etc. It was resolved to postpone the consideration of all communications from applicants for protection, until the report of the Educational Committee of the Council was before them. After full consideration of the case, Dr. Thrall's name was ordered to be placed on the register. Another application for registration was refused, on account of the claim of the applicant

not being made good. Mrs. Elizabeth Gress having presented a diploma in midwifery from the University of Strasbourg, was granted protection while acting as midwife, until the next meeting of the Council.

The funds of the Council having been used in payment of the college building, steps were taken to raise \$6,000, which was arranged satisfactorily, the rate of interest being $6\frac{1}{2}$ per cent. per annum. In the matter of appointing Detective Smith to collect monies due the Council, it was agreed to prepare the necessary bonds, fixing the securities required at \$5,000, himself in \$1,000, and two other sureties in \$2,000 each. A copy of a circular to be issued by the registrar, in regard to arrearages, changes of residence, etc., was read and approved.

The Treasurer was instructed to pay the members of the Executive Committee in full at the close of each meeting. The use of a small room in the College building was granted to Detective Smith, after which the Committee adjourned.

August 17th. The Committee met at 2 p.m., Drs. Allison and Edwards absent. The opinion of the Council's solicitors, stating the illegality of the appointment of any salaried officer apart from the Registrar, to collect the annual dues, was read.

Detective Smith was appointed medical prosecutor for the Council, on condition of his guaranteeing convictions for practicing illegally to the amount of his salary, and presenting certificates from convicting magistrates as to such fines having been levied.

A resolution was adopted, requiring the Registrar to proceed to collect all annual fees now due. The report of the Educational Committee of the Council was presented and read. The printing of the new Annual Announcement was ordered to be tendered for, and a sub-committee was appointed to look after the publication. The Committee then adjourned.

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held in Clinton, on Tuesday, July 6th, Dr. McLean of Goderich, president, in the chair. The following members were present: Drs. McLean, Sloan, Worthington, Bethune, McDonald, Holmes, Graham, McDiarmid, Campbell, Hurlburt and Stewart. Dr. McDonald of Wing-

ham, read a very instructive paper on the "Pathology and Treatment of Puerperal Fever."

Dr. Worthington, showed a patient, aged 36, who is suffering from double aortic disease and "lightning pains" of a periodic character, starting in the region of the 9th and 10th dorsal vertebræ and extending forwards and accompanied by a feeling of great constriction. There are no other symptoms indicative of any spinal disease. Co-ordination, skin and tendon reflexes all normal.

Drs. Stewart and Hurlburt showed one of Neuber's decalcified bone drainage tubes which was used in a case of amputation of the leg. It served its purposes well. They also exhibited Lister's complete apparatus for carrying out antiseptic operations.

Books and Pamphlets.

A SYSTEM OF MEDICINE—Edited by J. Russell Reynolds, M.D., F.R.S., with numerous additions and illustrations by Henry Hartshorne, M.D. In three volumes; vol. 3, Diseases of the Digestive, Blood-Glandular, Urinary, Reproductive and Cutaneous systems. Philadelphia: H. C. Lea's Sons & Co. Montreal: Dawson Bros. Price of entire three volumes \$15.

We have already noticed the first two volumes of this important and valuable work, and have only to add here that the third volume bears out the high character of the work as a whole, and fulfils the just expectations of the profession. We cordially recommend it. It is published at a price within the reach of nearly every practitioner, and no one should be without it who can afford it.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS—FEMALE PELVIC ORGANS, by Dr. Savage. Thirty-two plates and twenty-two wood engravings, with special illustrations of operations for Vesico Vaginal Fistula, Ovariectomy and Perineal operations. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This admirable work, forming one of the reprints of the second series of above library, requires only to be seen to be admired, and on short inspection of contents to be universally approved. The author deservedly ranks among the leading gynecologists and teachers of England. In this carefully illustrated work, he has conferred a great boon on the profession generally, and on gynecologists in particular, the valuable plates greatly

facilitating the labour of teaching. Among them will be found illustrations of the Anatomy of the Perineum; Relation of muscular floor of pelvis to the bladder, vagina, rectum and coccyx; Relation of same to presentation at the last stage of parturition; Pelvic connective tissue; Neoplasms; Pro-lapse and inversion of Uterus; Mechanism of structure supporting the Uterus and opposing its displacements; Perineal plastic surgery; Removal of tumors by gastrotomy. We heartily recommend the work to all practitioners and students.

THE HEART AND ITS DISEASES, AND THEIR TREATMENT. By J. Milner Fothergill, M.D., M.R.C.P., London. Second Edition, illustrated. Philadelphia: Lindsay & Blakiston. Toronto, Willing & Williamson.

From the well known reputation of the author as a writer and a man of advanced ideas, the book will no doubt be read with interest. The author has striven in this work to describe each form of disease of the heart, not merely as an assemblage of signs and symptoms, but as possessing a natural history, in the belief that such plan will interest practitioner and student alike, and will furnish indications for treatment, preventive and other, which are not supplied by the plan of regarding diseases of the heart too exclusively from the point of view of the relations of the signs and symptoms found in life to the revelations of the dead house." How well he has carried out this intention, will be apparent from a careful and attentive perusal of the book. We welcome it to our library as a valuable addition to our literature on the subject of heart diseases and their treatment.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, by George Henry Fox, A.M., M.D. Parts 11 & 12. Price \$2 each part. New York: E. B. Treat & Co. Toronto: Willing & Williamson.

These are the last numbers of the series which is complete in twelve parts. The parts now before us illustrate the following skin diseases, viz.: "Herpes Facialis," "Hydroa Bullösium," "Erythema Circinatum," "Erythema Exfoliativum," "Purpura Simplex," "Cornua Cutanea," "Alopecia Areata," "Morphœa," "Scleroderma," "Sarcoma Pigmentosum." These plates will be found most valuable to those having limited clinical experience in skin diseases. A companion work is announced by the same publishers on syphilitic skin diseases.

TREATISE ON THERAPEUTICS, by A. Trousseau, and H. Pidou. Translated from the French by D. E. Lincoln, M.D.

William Wood & Co., have issued their 1st volume of the above work. The established celebrity of the authors must render commendation by us uncalled for. The present volume embraces only, *Reconstituents, Astringents, Alteratives and Irritants*. It is very probable that American readers will value the contents more for the general principles enunciated under the several heads, than for the practical application of them, as exhibited in connection with the description of the specific medicinal virtues of the remedies treated of. Timid practitioners who have been wont to deal gingerly with such potent drugs as mercury, iodine, arsenic, &c., &c., may find a considerable proportion of their fears tending to evaporate, when they learn from Messrs. Trousseau & Pidoux the heroic liberality in which they indulged, in their prescriptions of these articles. Yet, notwithstanding the high authority of these brilliant teachers, we would venture the admonition to medical neophytes, that they will do well to peruse the book with more than one-eyed circumspection. Since writing the preceding we have received the second volume of the work, embracing four additional chapters, entitled, *Antiphlogistic treatment, Evacuants, Excito-motors, and Narcotics*.

MODERN ABUSE OF GYNÆCOLOGY. By Clifton E. Wing, M.D., Boston.

Births, Marriages and Deaths.

At Kettleby, on the 12th of July, the wife of Dr. F. Howe, of a daughter.

On the 19th of July, Dr. Harrison, of Selkirk, to Miss Persis Estelle, daughter of the late L. L. Douglass, Esq., of Simcoe.

On the 7th of August, J. M. Fowler, M.D., of Burford, Ont., in the 45th year of his age.

On the 15th of July, P. W. Smith, M.D., of Digby, N.S., in the 52nd year of his age.

On the 26th of July, Dr. Eckhardt, of Unionville, Ont., in the 47th year of his age.

On the — ult., Dr. W. B. Gibson, of Dunham, Que.

BEEF IRON AND WINE.

Extract of Beef, Citrate of Iron and Sherry Wine.

In this preparation are combined the stimulant properties of WINE and the nutriment of BEEF with the tonic powers of IRON, the effect of which on the blood is so justly valued. For many cases in which there is

Pallor, Weakness, Palpitation of the Heart,

with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. The peculiar feature of this combination is that it

COMBINES NUTRIMENT WITH STIMULUS.

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time we excite this organ to do its duty. On the other hand, again, wine stimulus although needed, is ill borne if given by itself, producing headache, excitement, and other symptoms which may be avoided by the addition of nutritious substance, such as the ESSENCE OF BEEF.

Iron also can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given. Prompt results will follow its use in cases of sudden exhaustion, arising either from acute or chronic diseases, and will prove a

Valuable Restorative for all Convalescents.

As a Nutritive Tonic it would be indicated in the treatment of impaired nutrition, impoverishment of the blood, and in all of the various forms of general debility. Each tablespoonful contains the Essence of one ounce of Beef, with two grains of Citrate of Iron, dissolved in Sherry Wine. With a view to making the article more palatable, a portion of the beef is in the first place partially roasted, as experience has shown that it is better borne by the stomach, and can be administered for a longer period when this is done.

Adult Dose:—One tablespoonful between meals, and when suffering from fatigue or exhaustion

Dose for Children should be reduced according to the age.

We trust physicians will be careful to direct *our manufacture of BEEF, IRON and WINE*, as numbers of persons make mixtures called by the same name, and claiming equal merit. We can only say the reputation of this medicine was created by OUR PREPARATION, and it is almost exclusively prescribed by our leading physicians.

JOHN WYETH & BROTHERS,

CHEMISTS,

1412 Walnut St., Philadelphia.

HYPOPHOSPHITES
OF
LIME AND SODA
WITH
COD LIVER OIL.

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a **Pulmonary Character**, with tendency to Hemorrhage, **Loss of appetite**, **Cough** and especially when attended with Emaciation.

The Hypophosphites with Cod Liver Oil, may be given also with great advantage in **Anemia**, **Chlorosis**, to **Nursing Mothers**, and in all cases of **Nervous Exhaustion** and **General Debility**.

Since the first introduction of the "**Hypophosphites of Soda, Lime and Iron**," separately or combined, in the treatment of the large class of wasting diseases, (of which consumption is the most prominent and familiar type). The confidence of the medical profession in these articles has steadily increased.

Phosphorus itself, which theoretically is strongly indicated in these cases, as a stimulant to the nervous system, and thus indirectly as a promoter of nutrition, cannot be so disguised or sheathed with demulcents as to be tolerated by the stomachs of many patients who would otherwise be greatly benefitted by its use. It must be chemically combined, and introduced into the organism in such a form as to favor its absorption and assimilation. Precisely this is done when **Hypophosphorus acid**, with one or more of the alkaline bases above mentioned, is properly prepared. The stomach receives it without irritation; it is taken up along with other food and carried into the economy, to be there resolved, and to supply the waste which often constitutes the first link in a chain of morbid actions.

It is in cases of pulmonary disease, with emaciation, cough, debility, hemorrhage and the whole train of too-well known symptoms, that the benefits of this article are most manifest. In many other wasting disorders, both in children and adults, the same indications are presented.

The advantages derived from **Cod Liver Oil** in the same class of affections need hardly be dwelt upon. We use a strictly correct expression when we say that the tissues are "burning up" they are really being consumed to maintain the temperature—often much above the normal standard—of the body. **Cod Liver Oil** takes their place as a fuel. By its introduction into the economy, and its consumption there, the living elements of the organism are enabled to retain their structure, and restored to their proper nutrition and functions.

By combining the **Hypophosphites** with **Cod Liver Oil** the latter in a finely divided state, by our peculiar process of emulsifying, and so disguised as to be inoffensive to even a delicate stomach, we are enabled to afford at the same time a stimulant to the nervous system, and a promoter of nutrition, as well as a fuel which takes the place of the wasting tissues.

It would be easy to dwell at much greater length upon the claims of this valuable combination on the favor of the medical profession and the public; but we feel assured that the foregoing brief statement, founded upon physiological and chemical facts, and borne out by the constantly increasing testimony of experience, will commend itself to those who give it their unbiased consideration.

We would only say further, that this preparation, like every other bearing our name, is composed of the very best materials, and made up with the utmost care. We are, therefore confident that it will fully maintain our assertions in regard to it.

ADULT DOSE—One half to a tablespoonful three times a day. An hour before or after meals is the best time to take it.

Children may take one to two teaspoonfulls as often. For Infants decrease in proportion to age.

Each tablespoonful contains six grains of chemically pure **Hypophosphite Salts**, manufactured expressly for this preparation, with scrupulous care and combined at once to avoid any chemical change.

SHAKE THE BOTTLE WELL BEFORE USING.

JOHN WYETH & BROTHER,
CHEMISTS,
PHILADELPHIA.

COMPRESSED TABLETS

OF

CHLORATE OF POTASH.

*For Hoarseness, Bronchial Irritation, Sore Throat,
Diphtheria, Croup, etc., etc.*

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent Physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Pills contains simply five grains of the Chlorate, all of which dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

In an exhaustive and interesting paper read before the Philadelphia County Medical Society, by Thomas M. Drysdale, M. D., (published in the *Medical and Surgical Reporter* of March 17th, 1877,) he gives a detailed statement of results of the administration of this salt. His experience in the treatment of very many cases, induces him to claim it as almost a specific in Diphtheria and Pseudo-Membranous Croup. He says "it is not claimed that it will cure diphtheria in every instance, for we will meet with malignant cases in all epidemics of acute infectious diseases which will resist every remedy, or, rather, where the patients are so thoroughly poisoned by the infection that they will die before any medicines can act upon them. But, in fact, so efficient do I consider chlorate of potassa, used in the manner which has been recommended, that I regard it quite as much a specific, if we may use such a word, for this disease, as is quinine in intermittents, or mercury in syphilis."

JOHN WYETH & BROTHER,

Manufacturing Chemists,

PHILADELPHIA.

WYETH'S DIALYSED IRON.

(*FERRUM DIALYSATUM.*)

A Pure Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

JOHN WYETH & BRO.,
PHILADELPHIA.

This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependant upon the perfect dialysation of the solution. The samples of German and French Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Fesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

Full directions accompany each Bottle.

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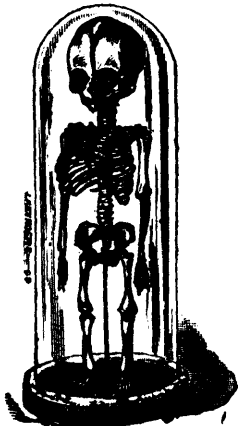
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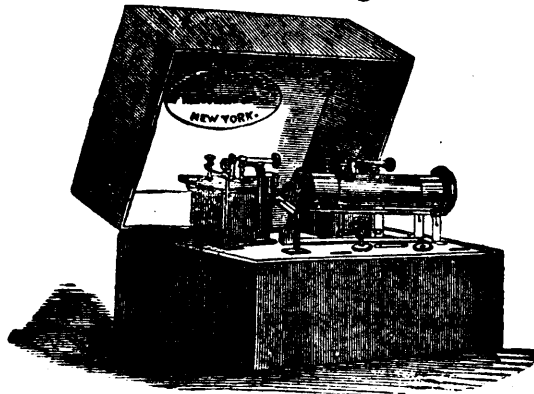
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R. L. REA, M.D.,

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ROSWELL PARK, A.M., M.D.,

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This College was the first in the United States to adopt a graded system of instruction. All applicants for admission must possess at least a good English education, and present full evidence of the same. If an applicant has received the degree of A. B., or presents a certificate from some reputable Scientific School, High School, or Academy, no matriculation examination will be required; otherwise he must sustain a satisfactory examination before a Committee of the Faculty. The students are divided into JUNIOR, MIDDLE and SENIOR CLASSES, instructions being given simultaneously in different lecture rooms. All students are advised to pursue the three years graded course, but if students so elect, they can enter the middle course if they have studied medicine for one year previously, and can sustain a satisfactory examination upon the studies embraced in the Junior Course.

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THE SESSION will commence on FRIDAY, the 1st of October, 1880, and continue for Six Months. The Lectures will be delivered in the new College building, close to the Toronto General Hospital.

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THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middle of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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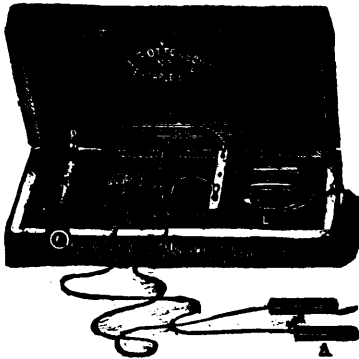
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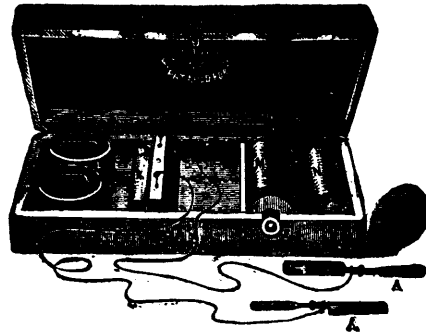
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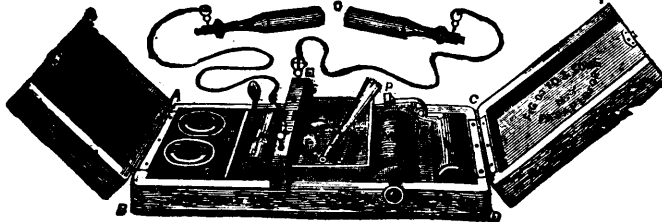


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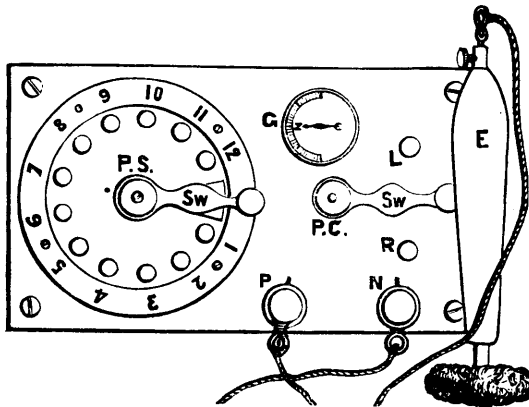
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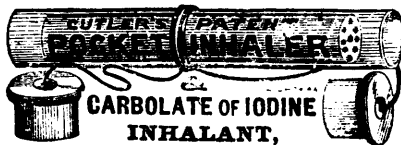
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